2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 18, 2001 8:00 am Secretary of State **DOCUMENT # P95000033698** 1. Entity Name WAHID ENTERPRISE, INC. 04-18-2001 90035 015 ***150 00 Mailing Address Principal Place of Business 592 SW 27TH AVE 592 SW 27TH AVE RIGHT STOP FOOD STORE RIGHT STOP FOOD STORE FT LAUDERDALE FL 33312 FT LAUDERDALE FL 33312 lus 2. Principal Place of Business 3. Mailing Address 3370 BEAU RIVAGE DR 3370 BEAU RIVAGE DR DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For POM PANO 4. FEI Number City & State 65-0579396 OMPANO BEACH FL Not Applicable \$8.75 Additional ^{ntry}SA 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ISLAM, WAHIDUL Box Number is Not Acceptable) ALL BANGLA • COM 592 SW 27 AVE RIGHT STOP FOOD STORE BEAU RIVAGE DR #T-FT LAUDERDALE FL 33312 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) if applicable FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition TITLE **PST** ☐ Delete TITLE WAHIDUL NAME ADDRESS islam, wahidul NAME 3370 BÉAU RIVAGE STREET ADDRESS CHANGED STREET ADDRESS 592 SW 27 AVE (RIGHT STOP) CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33312 ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ___ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. changed, or on an attachment with an adde SIGNATURE:

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO