FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

P96000088657

03 APR -7 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000088657

1. Entity Name: Eldee International, INC.
301 N Dale Mabry
Tampa, FL 33609-1238

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4216 LaPalma CT	4216 LaPalma CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa Florida	City & State: Tampa, FL
Zip: 33611 Country: Hillsborough	Zip: 33611 Country: Hillsborough

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3365714 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Mahmood T Eldee

Street Address (P.O. Box Number is Not Acceptable): 4216 LaPalma CT

City: Tampa FL Zip Code: 33611

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: M Mahmood T Eldee

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

600015328646
04/07/03--01004--007 **150.00

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Robinna Sheikh 4216 LaPalma CT Tampa, FL 33611
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director (change) Nusrat Sultana 4216 LaPalma CT Tampa, FL 33611
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Dir~~ Director (Add) ATIF JAWAD 4216 LaPalma CT Tampa, FL 33611
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: M Mahmood T Eldee 4/1/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #