APR-27-2002 14:27 FROM: 4073841169

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FILED
May 17, 2002 8:00 am
Secretary of State

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P.O. B
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FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

662384

DOCUMENT #
Entity Name

P96000063009
Vinit Food, Inc.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	4. FEI Number 59-3370861 ☐ Applied For ☐ Not Applicable
Zip – Country	Zip Country	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: VINIT FOOD INC

Street Address (P.O. Box Number is Not Acceptable): 1327 E. SILVER SPRING BL

City: OCALA FL Zip Code: 34470

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: X MD. Monjur Zaman 4/27/02

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

This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

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

OFFICERS AND ~~DIRECTORS~~

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TOFAZZAL HOSSAIN 1327 E. SILVER SP. BV - OCALA FL-34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SHABBIR W. RAHAMAN 1327 E SILVER SPR M OCALA FL- 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD. M. ZAMAN 1327 E. SILVER SP. BL. OCALA FL-34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X MD. M Zaman 4/27/02