FAX NO. : 4073390655

FILED
May 27, 2002 8:00 am
Secretary of State
05-27-2002 90439 048 ***150.00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000021800 P97000021800

Forest City Mart, I

1. Entity Name
Forest City Mart Inc

Principal Place of Business
6800 Forest City Road

Orlando , FL
32810

Mailing Address
6800 Forest City Road

Orlando FL
32810

2. Principal Place of Business

Suite, Apt. #, etc

City & State

Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

DO NOT WRITE IN THIS SPACE

4. FE Number
59-3431280

Applied For
Not Applicable

5. Certificate of Status Desired $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HASANAT, MOHAMMAD ABUL
6800 FOREST CITY ROAD
ORLANDO FL 32810

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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

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

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

FILE NOW! FEE IS $150.00
After MAY 1, 2002 Fee will be $440.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
Director	HASANAT, MOHAMMAD ABUL	6800 FOREST CITY ROAD	ORLANDO FL 32810	Delete
				Delete
				Delete
				Delete
				Delete
				Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
				Change Addition
				Change Addition
				Change Addition
				Change Addition
				Change Addition
				Change Addition

CR2E034 (05/99)

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.

SIGNATURE: Mohammad Abul Hasanat MOHAMMAD ABUL HASANAT 04-30-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 407-297-0607 Daytime Phone #