

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90262 005 ***150.00

DOCUMENT # P97000066608

1. Entity Name
PADUKA ENTERPRISES, INC.



Principal Place of Business
**911 E. OAKLAND PARK BLVD.
OAKLAND PARK FL 33334**

Mailing Address
**911 E. OAKLAND PARK BLVD.
OAKLAND PARK FL 33334**

2. Principal Place of Business
190 S.St Road 7

3. Mailing Address
911 E.Oakland PK Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Hollywood Blvd

City & State
Oakland Pk

4. FEI Number
65-0776173

Applied For
Not Applicable

Zip
Fl-33023

Country
USA

Zip
Fl-33334

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ISLAM, MOHAMMED M
190 S STATE ROAD 7
HOLLYWOOD FL 33023**

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **ISALM, MANZURICH C**
STREET ADDRESS **190 S SR-7**
CITY-ST-ZIP **HOLLYWOOD FL 33023**

TITLE **PD** ☒ Change ☐ Addition
NAME **ISLAM MANZURUL**
STREET ADDRESS **190.S. SR-7**
CITY-ST-ZIP **HOLLYWOOD, FL-33023**

TITLE **DV** ☐ Delete
NAME **ISLAM, MOHAMMES M**
STREET ADDRESS **190 S SR-7**
CITY-ST-ZIP **HOLLYWOOD FL 33023**

TITLE **DV** ☒ Change ☐ Addition
NAME **ISLAM MOHAMMED M**
STREET ADDRESS **190.S. SR-7**
CITY-ST-ZIP **HOLLYWOOD, FL-33023**

TITLE **SD** ☐ Delete
NAME **MONIRUL, HOSSEN**
STREET ADDRESS **911 OAKLAND PARK BLVD.**
CITY-ST-ZIP **OAKLAND PARK FL 33334**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-894-8110

CR2E034 (10/02)