## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT #**

P97000066608

.1. Entity Name

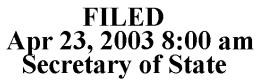
PADUKA ENTERPRISES, INC.



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

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

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	City & State



04-23-2003 90262 005 \*\*\*150.00



Suite, Apt.	ot. #, etc. Suite, Apt. #, etc.							CHECK HERE IF MAKING CHANGES							
	City & State Hollywood Blvd City & State Oakland Pk					4. FEI Num			El Number 65-0	<sup>nber</sup> 65-0776173				oplied For ot Applicable	
Zip <b>F1-3</b> 3	1023	Country USA	Zip <b>F1</b>	-33334	Coun	try	, _	5. Certificate of Status Desired				\$8.75 Additional Fee Required			
	and Address of Curr	7. Name and Address of New Registered Agent													
						Name									
ISLAM, MOHAMMED M															
190 S STATE ROAD 7						Street Address (P.O. Box Number is Not Acceptable)									
HOLLYWOOD FL 33023															
4. <i>1</i> .						City			····		F	L Zi	ip Cod	<u></u> е	
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												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															
	Signature, typed	or printed name or registered at	jeni ano mie ir api	Dicable. (NC		u Agent signat	ure required wi	viseri rekri	istaung)		- DATE				
, F	ILE NOW!	! FEE IS \$150.00						ļ	9. Election Ca	mnaian Eio	ancina		ee o	· · · · ·	
Afte	r May 1, 200	03 Fee will be \$550.0	00						Trust Fund (				\$5.U	<b>0</b> May Be I to Fees	
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10.	,	OFFICERS A	ND DIRECTO	RS	11.			ADD	DITIONS/CHANGI	S TO OFFI	CERS AN	ID DIRE	CTORS	3 IN 11	
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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:

954-894-8110

Date