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Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90023 040 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000016515

1. Corporation Name

AHMED RESTAURANT, INC.



Principal Place of Business

~~116 WEST ORANGE STREET
ALTAMONTE SPRINGS FL 32714~~

Mailing Address

~~413 WEST ORANGE STREET
ALTAMONTE SPRINGS FL 32714~~

**11349 Orange Blossom Tr.
Orlando, FL 32837**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/20/1998

2. Principal Place of Business

21
Suite, Apt. #, etc.

2a. Mailing Address

26
AHMED RESTAURANT INC.

4. FEI Number

59-3494438

Applied For

Not Applicable

22
City & State

27
City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23
City & State

28
City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24
Zip Country

29
Zip Country

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134~~

**SHAMSUL AHMED,
12505 BEACON TREE WAY
Orlando, FL 32837**

81. Name

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

83

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PSD**
NAME **AHMED, SHAMSUL I**
STREET ADDRESS ~~116 WEST ORANGE STREET~~
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

SHAMSUL I. AHMED
12505 BEACON TREE WAY
Orlando, FL 32837

☐ Change ☐ Addition

TITLE **V-P**
NAME **CHAUDHURY, ANWARA**
STREET ADDRESS ~~116 WEST ORANGE STREET~~
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

MUHAMMAD A. ISLAM
2232 BAY LEAF DR.
Orlando, FL 32837

☐ Change ☒ Addition

TITLE **SEC**
NAME **SHAHEDULL I AHMED**
STREET ADDRESS **2232 BAY LEAF DR.**
CITY-ST-ZIP **Orlando, FL 32837**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☒ Addition

TITLE **TR**
NAME **RAZIA K CHAUDHURY**
STREET ADDRESS **2771 MUSCATELLO ST**
CITY-ST-ZIP **Orlando, FL 32837**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHAMSUL AHMED PSD, 3/18/99

Daytime Phone #

CR2E034 (1/98)