

**NOT FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

pg 1 of 2

DOCUMENT # P98000060122

1. Entity Name

INTERNATIONAL SHOE WAREHOUSE #3004, INC.

02 MAY 13 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

190 S. State Rd 7

Suite, Apt. #, etc.

City & State Hollywood
Florida

Zip 33023

Country BROWARD

3. Mailing Address

911 E. Oakland PK

Suite, Apt. #, etc. Blvd

City & State Oakland Park
FL

Zip 33334

Country BROWARD

DO NOT WRITE IN THIS SPACE

4. FEI Number

62-1784808

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name: MONIRUL HOSSEN

Street Address (P.O. Box Number is Not Acceptable) 911 E. Oakland

Park Blvd

City Oakland Park

FL

Zip Code 33334

**DO NOT WRITE
IN THIS SPACE**

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: X Monirul Hossen

(NOTE: Registered Agent signature required when reinstating)

DATE

4/9/12

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 PTB
NAME HOSSEN, MONIRUL
STREET ADDRESS 190 S. STATE ROAD #7
CITY-ST-ZIP FORT LAUDERDALE, FL-33023

TITLE VSD
NAME NAHID, FATIMA
STREET ADDRESS 190 S. STATE ROAD #7
CITY-ST-ZIP FORT LAUDERDALE, FL-33023

TITLE D
NAME KHAN, ABDUR R.
STREET ADDRESS 1757 S. CURLEW LANE
CITY-ST-ZIP HOMESTEAD, FL-33035

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE: X Monirul Hossen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/9/12

954-563-2060

CR2E034B (12/01)