

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000094453

1. Entity Name
EASTERN FOODS USA INC

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90217 041 ***150.00

Principal Place of Business
11609 CLEVELAND AVE. #27
FT. MYERS FL 33907

Mailing Address
11609 CLEVELAND AVE. #27
FT. MYERS FL 33907



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0873605		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
MALIK, KASHIF S 11609 CLEVELAND AVE. #27 FT. MYERS FL 33907				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MALIK, KASHIF S			NAME			
STREET ADDRESS	2427 E MALL SR #329			STREET ADDRESS	2620 SE 17TH AVE		
CITY-ST-ZIP	FT MYERS FL 33901			CITY-ST-ZIP	CAPE CORAL, FL 33904		
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MALIK, SAJDAR A			NAME			
STREET ADDRESS	2427 E MALL SR #329			STREET ADDRESS	2620 SE 17TH AVE		
CITY-ST-ZIP	FT MYERS FL 33901			CITY-ST-ZIP	CAPE CORAL FL 33904		
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MALIK, ASIF S			NAME			
STREET ADDRESS	2427 E MALL SR #329			STREET ADDRESS	2620 SE 17TH AVE		
CITY-ST-ZIP	FT MYERS FL 33901			CITY-ST-ZIP	CAPE CORAL FL 33904		
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MALIK, IMTIAZ S			NAME			
STREET ADDRESS	2427 E MALL SR #329			STREET ADDRESS	2620 SE 17TH AVE		
CITY-ST-ZIP	FT MYERS FL 33901			CITY-ST-ZIP	CAPE CORAL FL 33904		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: SAJDAR A MALIK 3-12-01 (441) 939-1903
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)