2002 UNIFORM BUSINESS REPORT (UBR)

May 06, 2002 8:00 am Secretary of State DOCUMENT # P98000107395 1. Entity Name 05-06-2002 90205 003 ***150.00 UNITED ENTERPRISES INC. OF USA Principal Place of Business Mailing Address 1475 S BELCHER ROAD 1475 S BELCHER ROAD **CLEARWATER FL 33764 CLEARWATER FL 33764** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3559971 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Linster E. Brinkley, Jr. CHOWDHURY, HASNAT Street Address (P.S. Box Nurpher is Not Acceptable) #110 1475 S BELCHER ROAD **CLEARWATER FL 33764** St. Petersburg 3237993 subplits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entitle SIGNATURE tle if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Inta FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS .11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 X Delete TITLE . ختم X Change Addition NAME CHOWDHURY, HASNAT Chowdhury, Nargis NAME 1475 S. Belcher Road STREET ADDRESS 1475 S BELCHER ROAD STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 33764 CITY-ST-ZIP Clearwater, FL 33764 TITLE **⊠** Delete TITLE Addition X Change CHOWDHURY, MOHAMMAD H NAME Chowdhury, Kakoli 1475 Belcher Road STREET ADDRESS STREET ADDRESS 1475 BELCHER ROAD CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33764 Clearwater, FL TITLE ☐ Addition ☐ Delete TITLE ☐ Change 'NAME NAMË STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change M Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ 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

FILED