

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2002 8:00 am
Secretary of State

01-17-2002 90021 050 ***150.00

DOCUMENT # P99000041666

1. Entity Name
BENGAL INTERNATIONAL CORP.

Principal Place of Business
325 N. RIDGEWOOD AVENUE
EDGEWATER FL 32132

Mailing Address
3495 WINCHESTER DRIVE
PORT ORANGE FL 32119



2. Principal Place of Business
325 N RIDGEWOOD AVE
 Suite, Apt. #, etc.

3. Mailing Address
AS ABOVE
 Suite, Apt. #, etc.

City & State
EDGEWATER, FL

City & State

4. FEI Number
59-3577405

Applied For
 Not Applicable

Zip
32132

Country
USA

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

AHMED, ANIS
3495 WINCHESTER DRIVE
PORT ORANGE FL 32119

7. Name and Address of New Registered Agent

Name
N/A
 Street Address (P.O. Box Number is Not Acceptable)
 City
FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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
P
 NAME
AHMED, ANIS
 STREET ADDRESS
3495 WINCHESTER DRIVE
 CITY-ST-ZIP
PORT ORANGE FL 32119

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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☐ Change ☐ Addition

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: **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-09-02 386 427 4776
 Date Daytime Phone #

CR2E034 (9/01)