FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91148 013 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000087702

1. Entity Name
Mahmuda Enterprises Inc

666738

Principal Place of Business	Mailing Address
1892, North Nova Rd	1892, North Nova Rd
Holy Hill, Fl	Holy Hill, Fl
32117	32117

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3602063 — Applied For / Not Applicable

5. Certificate of Status Desired

6. Name and Address of Current Registered Agent

SIDDIQUI, A. MUBASHIR
1892 NORTH NOVA RD
HOLLY HILL FL 32117

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Date

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

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	Director	Delete
NAME	SIDDIQUI, A. MUBASHIR	
STREET ADDRESS	1892 NORTH NOVA RD	
CITY-ST-ZIP	HOLLY HILL FL 32117	
TITLE	Director	Delete
NAME	MALIK, MANSURA T	
STREET ADDRESS	1892 NORTH NOVA RD	
CITY-ST-ZIP	HOLLY HILL FL 32117	
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Change	Addition
	Change	Addition
	Change	Addition
	Change	Addition
	Change	Addition
	Change	Addition
	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] 04-29-02 386-255-4048

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #