

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90332 046 ***150.00

0311808

DOCUMENT # P99000090877**1. Entity Name**
MODEENA USA, INC.**Principal Place of Business**
1278 S MILITARY TR. #122
DEERFIELD BEACH FL 33442**Mailing Address**
1278 S MILITARY TR. #122
DEERFIELD BEACH FL 33442

00030000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0953163**Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****ZEBUNNESSA, RUPA**
1278 S MILITARY TR. #122
DEERFIELD BEACH FL 33442**Name** **JOYNUL MAJID**
Street Address (P.O. Box Number is Not Acceptable)
4801 W. LINTON BLVD.
DELRAY BEACH
City **FL** **Zip Code** **33445****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 do so.
(See criteria on back) ☐**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** **\$5.00 May Be Added to Fees**
Trust Fund Contribution: ☐**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** **D** ☐ Delete
NAME **ZEBUNNESSA, RUPA**
STREET ADDRESS **1278 S MILITARY TR. #122**
CITY-ST-ZIP **DEERFIELD BEACH FL 33442****TITLE** **PRESIDENT** ☐ Change ☒ Addition
NAME **JOYNUL MAJID**
STREET ADDRESS **4801 W. LINTON BLVD.**
CITY-ST-ZIP **DELRAY BEACH, FL 33445****TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)