FILED
Jun 21, 2000 8:00 am
Secretary of State

05-22-2000 90076 027 ***150.00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000094902

1. Entity Name:

TRIPLE A FOODS, INC.

104986

Principal Place of Business	Mailing Address
[illegible] W VINE STREET KISSIMMEE FL 34741	423 W VINE STREET KISSIMMEE FL 34741-4154

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1549 DANDE ROAD	1549 Dandea Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Haven, Florida	City & State: Winter Haven, Florida
Zip: 33884 Country: POLK	Zip: 33884 Country: POLK

4. FEI Number: 59-3608805 ☐ Applied For ☐ Not Applicable

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
RAHMAN, MASUDUR 423 W VINE STREET KISSIMMEE FL 34741	Name: MASUDOR RAHMAN Street Address (P.O. Box Number is Not Acceptable): 1549 Dandea Road City: Winter Haven FL Zip Code: 33884

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: Masudur Rahman
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 $160.00
After MAY 1, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAHMAN, MASUDUR 423 W VINE STREET KISSIMMEE FL 34741 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P KHURSHIDA AHMED 201 BELVOIR DR. DAVENPORT, FL-33837 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V-P ANJUMN AHMED 4020 RAMIRO ST. SEBRING. FL-33872 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (1/99)

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: X Masudur Rahman MASUDUR RAHMAN 4-28-00 863-635-3529