

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90026 011 ***150.00

DOCUMENT # P99000098766

1. Entity Name
RASHID & ROWSHAN ENTERPRISES, INC.



Principal Place of Business
**13650 INDIAN PAINT LANE
FORT MYERS FL 33912**

Mailing Address
~~670 ROBERT D. ROYSTON JR.~~
~~P.O. DRAWER 60205~~
~~FORT MYERS FL 33906~~



2. Principal Place of Business

3. Mailing Address

12580, ALLENDALE CR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FORT MYERS, FL

4. FEI Number **65-0960176**

Applied For

Not Applicable

Zip

Country

Zip

Country

33912

U.S.A

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

~~ROYSTON, ROBERT D JR.~~
~~12670 NEW BRITTANY BLVD.~~
~~SUITE 101~~
~~FORT MYERS FL 33907~~

Name

M. PATWARY

Street Address (P.O. Box Number is Not Acceptable)

12580, ALLENDALE CR

City

FORT MYERS

FL

Zip Code

33912

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

02/22/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPST
PATWARY, MOHAMMED M
13650 INDIAN PAINT LANE
FORT MYERS FL 33912** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
CHOWHURY, SHOWKAT A
7381 FEATHERSTONE BLVD
SARASOTA FL 34238** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
ABDURRAZZAQUE, MOHAMMED
680 NW 19TH ST # 110
FORT LAUDERDALE FL 33311** ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

12. 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 10 or Block 11 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

02/22/03

Date

239-768-0467

Daytime Phone #

CR2E034 (10/02)