

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000101151

1. Entity Name
AKTAR, INC.

FILED
Feb 14, 2000 8:00 am
Secretary of State
02-14-2000 90007 020 ***150.00

Principal Place of Business Mailing Address
423 W. VINE ST. 423 W. VINE ST.
FL 34741 KISSIMMEE FL 34741-4154

B0018431



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 159 REBECCA DR.
Suite, Apt. #, etc.

3. Mailing Address 159 REBECCA DR.
Suite, Apt. #, etc.

City & State WINTER HAVEN, FL
Zip 33881 Country

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4. FEI Number 59-360 8537 Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
KABIR, REZAUL
423 W. VINE ST.
KISSIMMEE FL 34741

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
159 REBECCA DR
City WINTER HAVEN FL Zip Code 33881

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 _____ (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, 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUSSAIN, SALMA 423 W. VINE ST. KISSIMMEE FL 34741 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIP KABIR, REZAUL 423 W. VINE ST. KISSIMMEE, FL 34741 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AKTAR KABIR 159 REBECCA DR. WINTER HAVEN, FL 33881 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: REZAUL KABIR 1-11-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)