

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90037 033 ***150.00

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DOCUMENT # P99000107555

1. Entity Name

KUDRAT, INC.

Principal Place of Business

1449 LEE ROAD
 WINTER PARK FL 32789

Mailing Address

1449 LEE ROAD
 WINTER PARK FL 32789

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3617677

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

BHUIYAN, MD MOUIRUL
 1449 LEE ROAD
 WINTER PARK FL 32789

Name

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

City

FL

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 do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 ☐ Delete
 NAME DP
 STREET ADDRESS BHUIYAN, MD MOUIRUL
 CITY-ST-ZIP 404 SHORT PINE CIR ORLANDO FL 32807
 CHANGE ADDRESS →

TITLE ☐ Change ☐ Addition
 NAME BHUIYAN, MD MONIRUL
 STREET ADDRESS DP
 CITY-ST-ZIP 7226 BLACK BULL LN ORLANDO FL 32835

TITLE ☐ Delete
 NAME DV
 STREET ADDRESS BHUIYAN, TULU
 CITY-ST-ZIP 1695 LEE ROAD APT. #E-104 WINTER PARK FL 32789
 CHANGE ADDRESS →

TITLE ☐ Change ☐ Addition
 NAME DV
 STREET ADDRESS BHUIYAN, TULU
 CITY-ST-ZIP 530 HIGHLAND EAST ALTAMONTE SPR, FL 32701-2619

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

MD Mouirul Bhuiyan

01-10-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)