

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90051 001 ***150.00
03-17-2004 90051 002 *****8.75

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

66406358



03062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

BHUIYAN, MD MOIRUL
1449 LEE ROAD
WINTER PARK, FL 32789

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IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BHUIYAN, MD MOIRUL
STREET ADDRESS	7226 BLACK BULL LANE
CITY-ST-ZIP	ORLANDO, FL 32835
TITLE	DV
NAME	BHUIYAN, TULU
STREET ADDRESS	590 HIGHLAND EAST
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 327012619
TITLE	BHUIYAN, TULU
NAME	2420 FORMOSA AVE.
STREET ADDRESS	ORLANDO, FL 32804
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

ADDRESS
Correction
↓

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IN THIS SPACE**

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: *MD Monirul Bhuiyan* MD MONIRUL BHUIYAN 03/12/04 407-645-1299

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #