


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91453 023 \*\*\*150.00

M10210 AV

<b>DOCUMENT # S87988</b>			
1. Entity Name <b>DINAJ QUIK MART, INC.</b>			
Principal Place of Business <b>7791 BISCAYNE BLVD MIAMI FL 33186</b>		Mailing Address <b>1525 NW 3RD ST #14 DEERFIELD BEACH FL 33442</b>	
2. Principal Place of Business		3. Mailing Address <b>7791 Biscayne Blvd.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>MIAMI FL-</b>	
Zip	Country	Zip	Country
<b>33186</b>		<b>33186</b>	<b>Dade.</b>



CHECK HERE IF MAKING CHANGES

4. FEI Number <b>65-0292397</b>		Applied For
		<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>
<b>MANZURUL, ISLAM</b>		Name
<b>12693 TORBY DR.</b>		Street Address (P.O. Box Number is Not Acceptable)
<b>BOCA RATON FL 33428</b>		City
		<b>FL</b>
		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	<b>P</b> <input type="checkbox"/> Delete	TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOHAMMED DINAJ KHAN</b>	NAME	<b>MOHAMMED DINAJ KHAN</b>
STREET ADDRESS	<b>750 NE 64TH ST - APT # P.H. B-7</b>	STREET ADDRESS	<b>10245 LA REINA Rd.</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33428</b>	CITY-ST-ZIP	<b>DELRAY BEACH, FL 33426</b>
TITLE	<b>S</b> <input type="checkbox"/> Delete	TITLE	<b>S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MANZURUL, ISLAM</b>	NAME	<b>MANZURUL ISLAM</b>
STREET ADDRESS	<b>12693 TORBAY DR</b>	STREET ADDRESS	<b>12693 Torbay DR.</b>
CITY-ST-ZIP	<b>BOCA RATON FL</b>	CITY-ST-ZIP	<b>BOCA RATON, FL 33428</b>
TITLE	<b>V</b> <input type="checkbox"/> Delete	TITLE	<b>V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REZA, DALIM</b>	NAME	<b>DALIM REZA</b>
STREET ADDRESS	<b>12693 TORBAY DRIVE</b>	STREET ADDRESS	<b>750 NG 64TH ST PH B-7</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33428</b>	CITY-ST-ZIP	<b>MIAMI, FL 33186.</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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]* **SIGNATURE REQUIRED** 4/28/03 951-520-0822

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)