2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State
04-23-2001 90163 023 ***150.00

DOCUMENT # P00000008387

1. Entity Name
IHASHA COMMODITIES, INC.

Principal Place of Business	Mailing Address
401 APPIAN WAY. N.E. ST. PETERSBURG FL 33704	401 APPIAN WAY. N.E. ST. PETERSBURG FL 33704

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5427 SHORE BLVD. SOUTH	5427 SHORE BLVD. SOUTH
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: GULFPORT, FLORIDA	City & State: GULFPORT, FLORIDA
Zip: 33707 Country: PINELLAS	Zip: 33707 Country: PINELLAS

4. FEI Number: 59-3632597 ☐ 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
BHATTACHARJEE, AUTRI 401 APPIAN WAY, N.E. ST. PETERSBURG FL 33704	Name Street Address (P.O. Box Number is Not Acceptable): 5427 SHORE BLVD. SOUTH City: GULFPORT FL Zip Code: 33707

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: Autri Bhattacharjee AUTRI BHATTACHARJEE PRESIDENT 04/16/2001
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, 2001 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT AUTRI BHATTACHARJEE 5427 SHORE BLVD. SOUTH GULFPORT, FLORIDA 33707	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/00)

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: Autri Bhattacharjee AUTRI BHATTACHARJEE 04/16/2001 7273230882
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #