

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90179 035 \*\*\*150.00

**DOCUMENT # P00000008387**

1. Entity Name  
**IHASHA COMMODITIES, INC.**



Principal Place of Business  
**2714-1/2 58 STREET SOUTH  
GULFPORT FL 33707**

Mailing Address  
**2714-1/2 58 STREET SOUTH  
GULFPORT FL 33707**

2. Principal Place of Business  
**3530 1ST. AVE. NORTH**

3. Mailing Address  
**3530 1ST. AVE. NORTH**

Suite, Apt. #, etc.  
**108**

Suite, Apt. #, etc.  
**108**

City & State  
**ST. PETERSBURG**

City & State  
**ST. PETERSBURG**

4. FEI Number **59-3632597**

Applied For  
 Not Applicable

Zip  
**33713**

Country  
**FLORIDA**

Zip  
**33713**

Country  
**FLORIDA**

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, SAUNAM  
2714-1/2 58 STREET SOUTH  
GULFPORT FL 33707**

Name  
**SAUNAM BHATTACHARJEE**

Street Address (P.O. Box Number is Not Acceptable)  
**3530 1ST. AVE. NORTH, SUITE 108**

City **ST. PETERSBURG** FL Zip Code **33713**

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]* **SAUNAM BHATTACHARJEE**

DATE: **4/14/03**

**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>D</b>	<input type="checkbox"/> Delete
NAME	<b>BHATTACHARJEE, SAUNAM</b>	
STREET ADDRESS	<b>2714-1/2 58 STREET SOUTH</b>	
CITY-ST-ZIP	<b>GULFPORT FL 33707</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>P/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BHATTACHARJEE, SAUNAM</b>	
STREET ADDRESS	<b>3530 1ST. AVE. NORTH, SUITE 108</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG, FL 33713</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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]* **SAUNAM BHATTACHARJEE, PRES.** 4/14/03 727-327-9999

CR2E034 (10/02)