

ORIGIN ID:PHKA (954) 781-1994
MARINA VEIGA, ESQ.
THE EPSTEIN GROUP
2295 CORPORATE BOULEVARD NORTHWEST
SUITE 215
BOCA RATON, FL 33431
UNITED STATES US

SHIP DATE: 08OCT24
ACTWGT:
CAD: 112438502INET4760
BILL SENDER

TO: **ATTN: PREMIUM I-140 (BOX 4008)**
USCIS
2500 WESTFIELD DRIVE

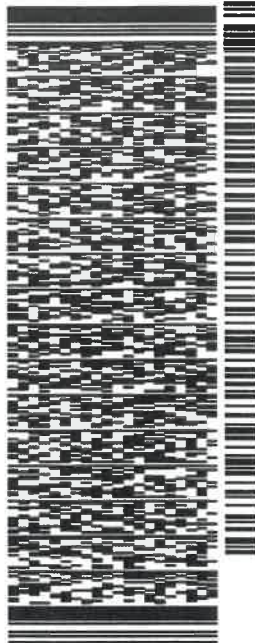
ELGIN IL 60124

(954) 781-1994

REF: HOMAIRA HOSSAIN

PO:

DEPT:



58CJ2/B264/C6C4

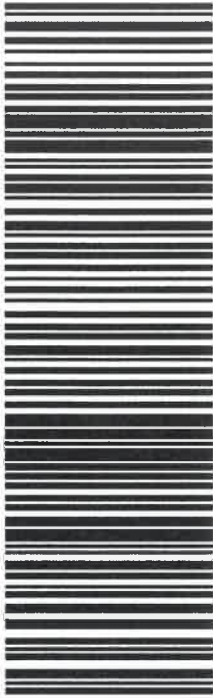
THU - 10 OCT 5:00P

** 2DAY **

TRK# 7791 0160 1612
0201

SSAUZA

60124
ORD
IL-US



After printing this label:

1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

Warning: Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com. FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.

October 8, 2024

Via Federal Express

USCIS

Attn: Premium I-140 (Box 4008)

2500 Westfield Drive

Elgin, IL 60124-7836

RE:Form I-140, Immigrant Petition for Alien Worker

Petitioner: Cape Coral Petroleum

Beneficiary: Homaira Binta Hossain

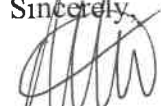
Dear Madam or Sir:

Enclosed please find the following documents we submit in connection with this application being filed by the Petitioner:

1. Form G-1450 - I-140 Filing fee in the amount of \$ 715.00;
2. Form G-1450 - Asylum Program Filing fee in the amount of \$ 300.00;
3. Form G-1450 - I-907 Premium Process Filing fee in the amount of \$ 2,805.00;
4. Form G-28, Notice of Entry of Appearance as Attorney;
5. Form I-140, Immigrant Petition for Alien Worker;
6. Form I-907, Request for Premium Processing Service;
7. Form ETA 9089, Application for Permanent Employment Certification;
8. Petitioner's Letter in Support;
9. Copy of Petitioner's 2023 U.S. Income Tax Return evidencing the Petitioner's ability to pay the Beneficiary;
10. Copy of Beneficiary's High School Certificate (with translation and evaluation) evidencing the Beneficiary possesses the foreign equivalent of a U.S. High School certificate;
11. Beneficiary's Certified Food Protection Manager and Work Experience letter evidencing he has the qualification for the job offered;
12. Copy of Applicant's Passport and U.S. Visa;

Should any further documents or information be needed to process this petition, please do not hesitate to contact us.

Sincerely,



Marina F. Veiga, Esq.

MV/iq

 info@theepsteingroup.org

 (954) 781-1994  (561) 344-5157

 2295 NW Corporate Blvd., Suite 215,
Boca Raton, Florida 33431

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 www.theepsteingroup.org



Authorization for Credit Card Transactions

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form G-1450

How To Fill Out Form G-1450

1. Type or print legibly in black ink.
2. Complete the "Applicant's/Petitioner's/Requester's Information," "Credit Card Billing Information," and "Credit Card Information" sections and sign the authorization. **NOTE:** The credit card must be issued by a U.S. bank.
3. Place your Form G-1450 ON TOP of your application, petition, or request package.

NOTE: Failure to provide the requested information may result in USCIS and your financial institution not accepting the payment. USCIS cannot process credit card payments without an authorized signature.

NOTE: Please see the USCIS Form G-1450 website for additional information.

We recommend that you print or save a copy of your completed Form G-1450 to review in the future and for your records.

By completing this transaction, you agree that you have paid for a government service and that the filing fee, biometric services fee and all related financial transactions are final and not refundable, regardless of any action USCIS takes on an application, petition or request. You must submit all fees in the exact amounts. USCIS will charge your credit card up to the amount you authorize below.

Please refer to the form(s) you are filing for additional information, or you may call the USCIS Customer Contact number at 1-800-375-5283. For TTY (deaf or hard of hearing) call: 1-800-767-1833.

Applicant's/Petitioner's/Requester's Information (Full Legal Name)			
Given Name (First Name) Homaira	Middle Name (if any)	Family Name (Last Name) BINTA HOSSAIN	
Credit Card Billing Information (Credit Card Holder's Name as it Appears on the Card)			
Given Name (First Name) Homaira	Middle Name (if any) Binta	Family Name (Last Name) Hassain	
Credit Card Holder's Billing Address:			
Street Number and Name 24151 Beatrix Blvd		Apt. Ste. Flr. <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Number 602
City or Town Port Charlotte		State FL	ZIP Code 33954
Credit Card Holder's Signature and Contact Information:			
Credit Card Holder's Signature Homaira		Credit Card Holder's Email Address infoegshomaira@gmail.com	
Credit Card Holder's Daytime Telephone Number 239 245 4145		Credit Card Holder's Email Address infoegshomaira@gmail.com	
Credit Card Information			
Credit Card Number 4787 0291 7124 4263	Credit Card Type: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover	Authorized Payment Amount \$ 2,805 .00	
Credit Card Expiration Date (mm/yyyy) 12/2026			



Authorization for Credit Card Transactions

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form G-1450

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Given Name (First Name) Homaira	Middle Name (if any)	Family Name (Last Name) BINTA HOSSAIN	
Credit Card Billing Information (Credit Card Holder's Name as it Appears on the Card)			
Given Name (First Name) Homaira	Middle Name (if any) Binta	Family Name (Last Name) HOSSAIN	
Credit Card Holder's Billing Address:			
Street Number and Name 24151 Beatrix Blvd		Apt. Ste. Fl. <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Number 602
City or Town Port Charlotte		State FL	ZIP Code 33954
Credit Card Holder's Signature and Contact Information:			
Credit Card Holder's Signature fbmaira		Credit Card Holder's Email Address infofcgshomaira@gmail.com	
Credit Card Holder's Daytime Telephone Number 239 245 4145		Credit Card Holder's Email Address	
Credit Card Information			
Credit Card Number 4737 0291 7124 4263	Credit Card Type: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover	Authorized Payment Amount \$ 300 .00	
Credit Card Expiration Date (mm/yyyy) 12/2026			



Authorization for Credit Card Transactions

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form G-1450

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Applicant's/Petitioner's/Requester's Information (Full Legal Name)			
Given Name (First Name) Homaira	Middle Name (if any)	Family Name (Last Name) BINTA HOSSAIN	
Credit Card Billing Information (Credit Card Holder's Name as it Appears on the Card)			
Given Name (First Name) Homaira	Middle Name (if any) Binta	Family Name (Last Name) Hossain	
Credit Card Holder's Billing Address:			
Street Number and Name 24151 Beatrix Blvd		Apt. Ste. Flr. <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Number 602
City or Town Port Charlotte		State FL	ZIP Code 33954
Credit Card Holder's Signature and Contact Information:			
Credit Card Holder's Signature Homaira			
Credit Card Holder's Daytime Telephone Number 239 245 4145		Credit Card Holder's Email Address infocgs homaira@gmail.com	
Credit Card Information			
Credit Card Number 4797 0291 7124 4263	Credit Card Type: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover	Authorized Payment Amount \$ 715 .00	
Credit Card Expiration Date (mm/yyyy) 12/2026			



**Notice of Entry of Appearance
as Attorney or Accredited Representative**

Department of Homeland Security

DHS
Form G-28
OMB No. 1615-0105
Expires 05/31/2021

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)
▶ 0 4 2 2 4 3 5 9 4 9 9 7

Name of Attorney or Accredited Representative

2.a. Family Name (Last Name)
2.b. Given Name (First Name)
2.c. Middle Name

Address of Attorney or Accredited Representative

3.a. Street Number and Name
3.b. Apt. Ste. Flr.
3.c. City or Town
3.d. State 3.e. ZIP Code
3.f. Province
3.g. Postal Code
3.h. Country

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number
5. Mobile Telephone Number (if any)
6. Email Address (if any)
7. Fax Number (if any)

Part 2. Eligibility Information for Attorney or Accredited Representative

Select all applicable items.

1.a. I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

Licensing Authority

1.b. Bar Number (if applicable)

1.c. I (select only one box) am not am subject to any order suspending, enjoining, restraining, disbaring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space provided in **Part 6. Additional Information** to provide an explanation.

1.d. Name of Law Firm or Organization (if applicable)

2.a. I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States and recognized by the Department of Justice in accordance with 8 CFR part 1292.

2.b. Name of Recognized Organization

2.c. Date of Accreditation (mm/dd/yyyy)

3. I am associated with , the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative for a limited purpose is at his or her request.

4.a. I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2).

4.b. Name of Law Student or Law Graduate



Part 4. Client's Consent to Representation and Signature (continued)


Options Regarding Receipt of USCIS Notices and Documents

USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.

If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select **all applicable** items below. You may change these elections through written notice to USCIS.

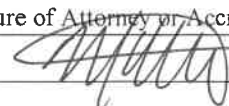
- 1.a. I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.
- 1.b. I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).
- NOTE:** If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select **Item Number 1.c.**
- 1.c. I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

Signature of Client or Authorized Signatory for an Entity

- 2.a. Signature of Client or Authorized Signatory for an Entity
➔ 
- 2.b. Date of Signature (mm/dd/yyyy)

Part 5. Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before DHS. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

1. a. Signature of Attorney or Accredited Representative

1. b. Date of Signature (mm/dd/yyyy)
2. a. Signature of Law Student or Law Graduate
2. b. Date of Signature (mm/dd/yyyy)



Part 6. Additional Information

If you need extra space to provide any additional information within this form, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this form or attach a separate sheet of paper. Type or print your name at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a Family Name (Last Name)

1.b Given Name (First Name)

1.c Middle Name

2.a Page Number 2.b. Part Number 2.c. Item Number

2.d. _____

3.a. Page Number 3.b. Part Number 3.c. Item Number

3.d. _____

4.a. Page Number 4.b. Part Number 4.c. Item Number

4.d. _____

5.a. Page Number 5.b. Part Number 5.c. Item Number

5.d. _____

6.a. Page Number 6.b. Part Number 6.c. Item Number

6.d. _____





Immigrant Petition for Alien Workers

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-140
OMB No. 1615-0015
Expires 02/28/2026

For USCIS Use Only	Fee Stamp	Priority Date	Consulate	Action Block
	Classification <input type="checkbox"/> 203(b)(1)(A) Alien of Extraordinary Ability <input type="checkbox"/> 203(b)(1)(B) Outstanding Professor or Researcher <input type="checkbox"/> 203(b)(1)(C) Multinational Executive or Manager <input type="checkbox"/> 203(b)(2) Member of Professions with Advanced Degree/Exceptional Ability <input type="checkbox"/> 203(b)(3)(A)(i) Skilled Worker <input type="checkbox"/> 203(b)(3)(A)(ii) Professional <input type="checkbox"/> 203(b)(3)(A)(iii) Other Worker	Certification <input type="checkbox"/> National Interest Waiver (NIW) <input type="checkbox"/> Schedule A, Group I <input type="checkbox"/> Schedule A, Group II		

To be completed by an Attorney or Accredited Representative (if any).	<input checked="" type="checkbox"/> Select this box if Form G-28 or Form G-28I is attached.	Attorney State Bar Number (if applicable) 125484	Attorney or Accredited Representative USCIS Online Account Number (if any) 0 4 2 2 4 3 5 9 4 9 9 7
--	--	--	--

▶ **START HERE - Type or print in black ink.**

Part 1. Information About the Person or Organization Filing This Petition

If an individual is filing this petition, answer **Item Numbers 1.a. - 1.c.** If a company or organization is filing this petition, answer **Item Number 2.**

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. Company or Organization Name

Mailing Address [\(USCIS ZIP Code Lookup\)](#)

3.a. In Care Of Name

3.b. Street Number and Name

3.c. Apt. Ste. Flr.

3.d. City or Town

3.e. State 3.f. ZIP Code

3.g. Province

3.h. Postal Code

3.i. Country

Other Information

4. IRS Employer Identification Number (EIN) ▶

5. Are you a nonprofit organized as tax exempt or a governmental research organization? Yes No

6. Do you currently employ a total of 25 or fewer full-time equivalent employees in the United States, including all affiliates or subsidiaries of this company/organization? Yes No

7. U.S. Social Security Number (SSN) (if any) ▶

8. USCIS Online Account Number (if any) ▶

Part 2. Petition Type

This petition is being filed for (select **only one** box):

1.a. An alien of extraordinary ability.

1.b. An outstanding professor or researcher.

1.c. A multinational executive or manager.

1.d. A member of the professions holding an advanced degree or an alien of exceptional ability (who is **NOT** seeking a National Interest Waiver (NIW)).

1.e. A professional (at a minimum, possessing a bachelor's degree or a foreign degree equivalent to a U.S. bachelor's degree).



Part 2. Petition Type (continued)

- 1.f. A skilled worker (requiring at least two years of specialized training or experience).
- 1.g. Any other worker (requiring less than two years of training or experience).
- 1.h. An alien applying for an NIW (who IS a member of the professions holding an advanced degree or an alien of exceptional ability).

This petition is being filed (select only one box):

- 2.a. To amend a previously filed petition.
Previous Petition Receipt Number
▶

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- 2.b. For the Schedule A, Group I or II designation.

Part 3. Information About the Person for Whom You Are Filing

- 1.a. Family Name (Last Name)
- 1.b. Given Name (First Name)
- 1.c. Middle Name

Mailing Address

- 2.a. In Care Of Name
- 2.b. Street Number and Name
- 2.c. Apt. Ste. Flr.
- 2.d. City or Town
- 2.e. State 2.f. ZIP Code
- 2.g. Province
- 2.h. Postal Code
- 2.i. Country

Other Information

- 3. Date of Birth (mm/dd/yyyy)
- 4. City/Town/Village of Birth
- 5. State or Province of Birth

- 6. Country of Birth
- 7. Country of Citizenship or Nationality
- 8. Alien Registration Number (A-Number) (if any) ▶ A-

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
- 9. U.S. SSN (if any) ▶

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Information About His or Her Last Arrival in the United States

If the person for whom you are filing is in the United States, provide the following information.

- 10. Date of Last Arrival (mm/dd/yyyy)
- 11.a. Form I-94 Arrival-Departure Record Number
▶

1	0	0	4	0	0	0	2	6	A	3
---	---	---	---	---	---	---	---	---	---	---
- 11.b. Expiration Date of Authorized Stay Shown on Form I-94 (mm/dd/yyyy)
- 11.c. Status on Form I-94 (for example, class of admission, or paroled, if paroled)
- 12. Passport Number
- 13. Travel Document Number
- 14. Country of Issuance for Passport or Travel Document
- 15. Expiration Date for Passport or Travel Document (mm/dd/yyyy)

Part 4. Processing Information

Provide the following information for the person named in Part 3. (select only one box):

- 1.a. Alien will apply for a visa abroad at a U.S. Embassy or U.S. Consulate at:
- 1.b. City or Town
- 1.c. Country
- 2.a. Alien is in the United States and will apply for adjustment of status to that of lawful permanent resident.



Part 4. Processing Information (continued)

2.b. Alien's current country of residence or, if now in the United States, last country of permanent residence abroad.

Bangladesh

If you provided a United States address in Part 3., provide the person's foreign address in Item Numbers 3.a. - 3.f.:

3.a. Street Number and Name 1142 Mehedibag

3.b. Apt. Ste. Flr. 3E

3.c. City or Town Chattogram

3.d. Province Chattogram

3.e. Postal Code 4000

3.f. Country Bangladesh

If the person's native alphabet is other than Roman letters, type or print the person's foreign name and address in the native alphabet in Item Numbers 4.a. - 4.c.:

4.a. Family Name (Last Name)

4.b. Given Name (First Name)

4.c. Middle Name

Mailing Address

5.a. In Care Of Name

5.b. Street Number and Name

5.c. Apt. Ste. Flr.

5.d. City or Town

5.e. Province

5.f. Postal Code

5.g. Country

If you answer "Yes" to Item Numbers 6.a. - 10., provide the case number, office location, date of decision, and disposition of the decision in the space provided in Part 10. Additional Information.

6.a. Are you filing any other petitions or applications with this Form I-140? Yes No

6.b. If you answered "Yes" to Item Number 6.a., select all applicable boxes:

Form I-485

Form I-131

Form I-765

Other (Provide an explanation in Part 10. Additional Information.)

7. Is the person for whom you are filing in removal proceedings? Yes No

8. Has any immigrant visa petition ever been filed by or on behalf of this person? Yes No

9. Are you filing this petition without an original labor certification because the original labor certification was previously submitted in support of another Form I-140? Yes No

10. If you are filing this petition without an original labor certification, are you requesting that U.S. Citizenship and Immigration Services (USCIS) request a duplicate labor certification from the Department of Labor (DOL)? Yes No

Part 5. Additional Information About the Petitioner

Type of petitioner (select only one box):

1.a. Employer

1.b. Self

1.c. Other (For example, Lawful Permanent Resident, U.S. citizen or any other person filing on behalf of the alien)

If a company or an organization is filing this petition, provide the following information:

2. Type of Business Convenience Store

3. Date Established (mm/dd/yyyy) 2007

4. Current Number of U.S. Employees 3

5. Gross Annual Income \$ 1,022,221

6. Net Annual Income \$ 57,254

7. NAICS Code 4 4 7 1 1 0

8. Labor Certification DOL Case Number G-200-23192-181389



Part 5. Additional Information About the Petitioner (continued)

9. Labor Certification DOL Filing Date (mm/dd/yyyy)

07/11/2023

10. Labor Certification Expiration Date (mm/dd/yyyy)

03/10/2025

If an individual is filing this petition, provide the following information.

11. Occupation

12. Annual Income \$

Part 6. Basic Information About the Proposed Employment

1. Job Title

Food Safety Manager Night Shift

2. SOC Code

4 1 - 2 0 1 1

3. Nontechnical Job Description

Ask customers if they are interested in purchasing additional items. Be professional, friendly, and helpful to customers. Follow Company policies, as well as comply with all Federal and State law

4. Is this a full-time position?

Yes No

5. If the answer to Item Number 4. is "No," how many hours per week for the position?

6. Is this a permanent position?

Yes No

7. Is this a new position?

Yes No

8. Wages (Specify hour, week, month, or year):

\$ 27,706.00 per Year

Worksite Location

For Item Numbers 9.a. - 9.e., provide the address where the person will work if different from the address provided in Part 1.

9.a. Street Number and Name

9.b. Apt. Ste. Flr.

9.c. City or Town

9.d. State

9.e. ZIP Code

Part 7. Information About the Spouse and All Children of the Person for Whom You Are Filing

For Part 7., provide information on the spouse and all children related to the individual for whom you are filing this petition. Also, note if the individual will apply for a visa abroad or adjustment of status as the dependent of the individual for whom the petition is filed. If you need extra space to provide information about additional family members, use the space provided in Part 10. Additional Information.

Person 1

1.a. Family Name (Last Name)

Hassan

1.b. Given Name (First Name)

Wafi Bin

1.c. Middle Name

2. Date of Birth (mm/dd/yyyy)

11/06/2006

3. Country of Birth

Bangladesh

4. Relationship

Child

5. Is he or she applying for adjustment of status?

Yes No

6. Is he or she applying for a visa abroad?

Yes No

Person 2

7.a. Family Name (Last Name)

Hassan

7.b. Given Name (First Name)

A K M Robiul

7.c. Middle Name

8. Date of Birth (mm/dd/yyyy)

02/15/1970

9. Country of Birth

Bangladesh

10. Relationship

Spouse

11. Is he or she applying for adjustment of status?

Yes No

12. Is he or she applying for a visa abroad?

Yes No



Part 7. Information About Spouse and All Children of the Person for Whom You Are Filing (continued)

Person 3

- 13.a. Family Name (Last Name)
- 13.b. Given Name (First Name)
- 13.c. Middle Name
- 14. Date of Birth (mm/dd/yyyy)
- 15. Country of Birth
- 16. Relationship
- 17. Is he or she applying for adjustment of status?
 Yes No
- 18. Is he or she applying for a visa abroad?
 Yes No

Person 4

- 19.a. Family Name (Last Name)
- 19.b. Given Name (First Name)
- 19.c. Middle Name
- 20. Date of Birth (mm/dd/yyyy)
- 21. Country of Birth
- 22. Relationship
- 23. Is he or she applying for adjustment of status?
 Yes No
- 24. Is he or she applying for a visa abroad?
 Yes No

Person 5

- 25.a. Family Name (Last Name)
- 25.b. Given Name (First Name)
- 25.c. Middle Name
- 26. Date of Birth (mm/dd/yyyy)
- 27. Country of Birth
- 28. Relationship
- 29. Is he or she applying for adjustment of status?
 Yes No
- 30. Is he or she applying for a visa abroad?
 Yes No

Person 6

- 31.a. Family Name (Last Name)
- 31.b. Given Name (First Name)
- 31.c. Middle Name
- 32. Date of Birth (mm/dd/yyyy)
- 33. Country of Birth
- 34. Relationship
- 35. Is he or she applying for adjustment of status?
 Yes No
- 36. Is he or she applying for a visa abroad?
 Yes No



Part 8. Contact Information, Certification, and Signature of the Petitioner or Authorized Signatory

Petitioner or Authorized Signatory's Contact Information

- 1.a. Petitioner's or Authorized Signatory's Family Name (Last Name)
- 1.b. Petitioner's or Authorized Signatory's Given Name (First Name)
- 2. Petitioner's or Authorized Signatory's Title
- 3. Petitioner's or Authorized Signatory's Daytime Telephone Number
- 4. Petitioner's or Authorized Signatory's Mobile Telephone Number (if any)
- 5. Petitioner's or Authorized Signatory's Email Address (if any)

Petitioner's or Authorized Signatory's Certification and Signature

If filing this petition on behalf of an organization, I certify that I am authorized to do so by the organization:

- a. I reviewed and provided or authorized all of the responses and information in my petition;
- b. I understood all of the responses and information contained in, and submitted with, my petition; and
- c. All of the responses and information were complete, true, and correct at the time of filing

Furthermore, I authorize the release of any information from any and all of my records as authorized signatory and the petitioner's records that USCIS may need to determine the petitioner's eligibility for an immigration request and to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

- 6.a. Petitioner's or Authorized Signatory's Signature
- 6.b. Date of Signature (mm/dd/yyyy)

Part 9. Interpreter's Contact Information, Certification, and Signature

Interpreter's Full Name

- 1.a. Interpreter's Family Name (Last Name)
- 1.b. Interpreter's Given Name (First Name)
- 2. Interpreter's Business or Organization Name (if any)

Interpreter's Contact Information

- 3. Interpreter's Daytime Telephone Number
- 4. Interpreter's Mobile Telephone Number (if any)
- 5. Interpreter's Email Address (if any)

Interpreter's Certification and Signature

I certify, under penalty of perjury, that I am fluent in English and

and I have interpreted every question on the petition and Instructions and interpreted the petitioner's or authorized signatory's answers to the questions in that language, and the petitioner or authorized signatory informed me that they understood every instruction, question, and answer on the petition.

- 6.a. Interpreter's Signature
- 6.b. Date of Signature (mm/dd/yyyy)



Part 10. Additional Information

If you need extra space to provide any additional information within this petition, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this petition or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. IRS EIN

3. Page Number Part Number Item Number

Work alone in the evening or with others. Use Point of Sale system and properly account for all cash.
Accurately prepare the daily paperwork and handle lottery, money order, money transfer and other types of retail transactions. Be exposed to cold and hot temperature extremes in the walk-in cooler, freezer and/or outdoors. Be able to stand, stoop and/or walk for an entire shift and be able to bend at the waist with some twisting.

4. Page Number Part Number Item Number

Be able to reach, grasp and manipulate objects with hands continuously throughout the day. Review all invoices/charges relative to each delivery of food. Identify and verify each food shipment contains all items were delivered and appropriately refrigerated. Efficiently utilize all equipment in the store (POS system, Fuel Tanks and Dispensers, etc.).

5.a. Page Number Part Number Item Number

5.d. Maintain property and equipment to ensure customers and employees have a safe environment in which to work and shop. Follow all Company Safety and Loss Prevention procedures including wearing appropriate safety equipment. Responsible for food safety and rotating inventory. Has control over food storage, preparation, display, and service of foods

6. Page Number Part Number Item Number

7. Page Number Part Number Item Number



Part 1. Information About the Person Filing This Request (continued)

7. Physical Address

Street Number and Name	Apt.	Ste.	Flr.	Number
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
City or Town	State	ZIP Code		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Province	Postal Code	Country		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

8. Request for Premium Processing Service (select **only one** box):

- I am the **petitioner** who is filing or has filed a petition eligible for Premium Processing Service.
- I am the attorney or accredited representative **for the petitioner** who is filing or has filed a petition eligible for Premium Processing Service. (Complete and submit Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, or Form G-28I, Notice of Entry of Appearance as Attorney In Matters Outside the Geographical Confines of the United States, if Form G-28 or Form G-28I has not been submitted with the petition.)
- I am the **applicant** who is filing or has filed an application eligible for Premium Processing Service.
- I am the attorney or accredited representative **for the applicant** who is filing or has filed an application eligible for Premium Processing Service. (Complete and submit Form G-28 or Form G-28I, if Form G-28 or Form G-28I has not been submitted with the application.)

Part 2. Information About the Request

1. Form Number of Related Petition or Application	2. Receipt Number of Related Petition or Application	3. Classification or Eligibility Requested
<input type="text" value="I-140"/>	<input type="text" value="Filed Concurrently"/>	<input type="text" value="EB3 Skilled"/>
4. Petitioner or Applicant in the Related Case		
Family Name (Last Name)	Given Name (First Name)	Middle Name
<input type="text" value="Ahmed"/>	<input type="text" value="Tamanna"/>	<input type="text"/>
5. Beneficiary in the Related Case		
Family Name (Last Name)	Given Name (First Name)	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
6. Name of Point of Contact for the Company or Organization		
Family Name (Last Name)	Given Name (First Name)	Middle Name
<input type="text" value="Ahmed"/>	<input type="text" value="Tamanna"/>	<input type="text"/>
Position Title		
<input type="text" value="President/ Manager"/>		
7. Company or Organization IRS Employer Identification Number (EIN) (if any)		
<input type="text" value="260566322"/>		



Part 2. Information About the Request (continued)

8. Address of Petitioner, Applicant, Company, or Organization Named in Related Case

Street Number and Name

2231 Del Prado Blvd S

Apt. Ste. Flr. Number

City or Town

Cape Coral

State

FL

ZIP Code

33990

Province

Postal Code

Country

United States

Part 3. Requestor's Statement, Contact Information, Declaration, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-907 Instructions before completing this section.

I understand that U.S. Citizenship and Immigration Services (USCIS) will refund the Premium Processing Service fee to the person listed in **Part 1.** of this request if USCIS does not take an action on the related case within the applicable processing timeframe. I understand that case actions include a referral for investigation of suspected fraud, misrepresentation, or the issuance of an approval notice, a request for evidence, a notice of intent to deny, or a denial notice.

Requestor's Statement

NOTE: Select the box for either **Item A.** or **B.** in **Item Number 1.** If applicable, select the box for **Item Number 2.**

1. Requestor's Statement Regarding the Interpreter

- A. I can read and understand English, and I have read and understand every question and instruction on this request and my answer to every question.
- B. The interpreter named in **Part 4.** read to me every question and instruction on this request and my answer to every question in , a language in which I am fluent, and I understood everything.

2. Requestor's Statement Regarding the Preparer

- At my request, the preparer named in **Part 5.**, , prepared this request for me based only upon information I provided or authorized.

Requestor's Contact Information

3. Requestor's Daytime Telephone Number

239-574-3866

4. Requestor's Mobile Telephone Number (if any)

5. Requestor's Fax Number (if any)

6. Requestor's Email Address (if any)

maishatrading@gmail.com

Requestor's Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I furthermore authorize release of information contained in this request, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.



Part 3. Requestor's Statement, Contact Information, Declaration, Certification, and Signature
(continued)

I certify, under penalty of perjury, that all of the information in my request and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my request and that all of this information is complete, true, and correct.

Requestor's Signature

7. Requestor's Signature Date of Signature (mm/dd/yyyy)

NOTE TO ALL REQUESTORS: If you do not completely fill out this request or fail to submit required documents listed in the Instructions, USCIS may deny your request.

Part 4. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

1. Interpreter's Family Name (Last Name) Interpreter's Given Name (First Name)
2. Interpreter's Business or Organization Name (if any)

Interpreter's Mailing Address

3. Street Number and Name Apt. Ste. Flr. Number
City or Town State ZIP Code
Province Postal Code Country

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number 5. Interpreter's Mobile Telephone Number (if any)
6. Interpreter's Email Address (if any)

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and , which is the same language specified in **Part 3., Item B. in Item Number 1.**, and I have read to this requestor in the identified language every question and instruction on this request and his or her answer to every question. The requestor informed me that he or she understands every instruction, question, and answer on the request, including the **Requestor's Declaration and Certification**, and has verified the accuracy of every answer.



Part 4. Interpreter's Contact Information, Certification, and Signature (continued)

Interpreter's Signature

7. Interpreter's Signature _____ Date of Signature (mm/dd/yyyy) _____

Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Request, if Other Than the Requestor

Provide the following information about the preparer.

Preparer's Full Name

1. Preparer's Family Name (Last Name) _____ Preparer's Given Name (First Name) _____
Veiga Marina

2. Preparer's Business or Organization Name (if any) _____
Law Office of Shayne J. Epstein, P.A.

Preparer's Mailing Address

3. Street Number and Name _____ Apt. Ste. Flr. Number _____
2295 NW Corporate Blvd 215

City or Town _____ State _____ ZIP Code _____
Boca Raton FL 33431

Province _____ Postal Code _____ Country _____
United States

Preparer's Contact Information

4. Preparer's Daytime Telephone Number _____ 5. Preparer's Mobile Telephone Number (if any) _____
954-781-1994

6. Preparer's Email Address (if any) _____
mveiga@theepsteingroup.org

Preparer's Statement

7.A. I am not an attorney or accredited representative but have prepared this request on behalf of the requestor with the requestor's consent.

B. I am an attorney or accredited representative and my representation of the requestor in this case extends does not extend beyond the preparation of this request.

NOTE: If you are an attorney or accredited representative, you may need to submit a completed Form G-28 or Form G-28I with this request.



Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Request, if Other Than the Requestor (continued)

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this request at the request of the requestor. The requestor then reviewed this completed request and informed me that he or she understands all of the information contained in, and submitted with, his or her request, including the **Requestor's Declaration and Certification**, and that all of this information is complete, true, and correct. I completed this request based only on information that the requestor provided to me or authorized me to obtain or use.

Preparer's Signature

8. Preparer's Signature  Date of Signature (mm/dd/yyyy) 



Application for Permanent Employment Certification
 Form ETA-9089 – Final Determination: Permanent Employment Certification Approval
 U.S. Department of Labor




PERMANENT EMPLOYMENT CERTIFICATION APPROVAL

A. U.S. Government Agency Use Only

Pursuant to the provisions of Sections 212(a)(5)(A) of the Immigration and Nationality Act, as amended, the Department hereby certifies that there are not sufficient workers who are able, willing, and qualified, and who will be available at the time of application for a visa and admission into the United States and place needed to fill the job opportunities for which certification is sought, and the permanent employment of the foreign worker will not adversely affect the wages and working conditions of workers in the United States similarly employed.

Therefore, by virtue of the signature below, the Department hereby acknowledges granting certification for the following *Application for Permanent Employment Certification* (Form ETA-9089):

1. DOL Case Number G-200-23192-181389		2. Case Status Certified	
3. Employer Legal Business Name Cape Coral Petroleum Inc		4. Employer FEIN 26-0566322	
5. Foreign Worker's Last (family) Name HOSSAIN			
6. Foreign Worker's First (given) Name HOMAIRA BINTA			
7. Foreign Worker's Middle Name(s) N/A			
8. Job Title Food Safety Manager Night Shift			
9. SOC Code 41-2011		10. SOC Occupational Title Cashiers	
Labor Certification Validity Information			
11. Filing Date 7/11/2023		12. Determination Date 9/11/2024	13. Expiration Date 3/10/2025
14. Department of Labor Office of Foreign Labor Certification (electronic signature)			

Pursuant to 20 CFR 656, the aforementioned permanent labor certification is valid only for the job opportunity, the foreign worker, and the area of intended employment specified on the approved Form ETA-9089, including all appendices and any modifications approved by the Department. The aforementioned filing date on this approved *Application for Permanent Employment Certification*, established under 20 CFR 656.17(c), may be used as a priority date by the Department of Homeland Security and the Department of State, as appropriate. This approved *Application for Permanent Employment Certification* will expire if not filed in support of *Immigrant Petition for Alien Workers* (Form I-140) with the Department of Homeland Security by the aforementioned expiration date.

The foreign worker covered by this approved *Application for Permanent Employment Certification* has declared under Section B below, under penalty of perjury, that the foreign worker has read and reviewed every page of Appendix A for this approved Form ETA-9089, takes full responsibility for the accuracy of all information contained therein, and intends to accept permanent employment in the job opportunity specified on the approved Form ETA-9089, including all appendices, offered by the employer if granted a visa or an adjustment of status based on this permanent labor certification.

The employer covered by this approved *Application for Permanent Employment Certification* has declared under Section D below under penalty of perjury that it has read and reviewed every page of this approved Form ETA-9089, including all appendices, and takes full responsibility for the accuracy of all information contained therein and all documentation supporting this approved *Application for Permanent Employment Certification*, including any representations made by the employer's authorized preparer, agent or attorney, as applicable.

Application for Permanent Employment Certification
Form ETA-9089 – Final Determination: Permanent Labor Certification Approval
U.S. Department of Labor



B. Foreign Worker Declaration

I declare under penalty of perjury that I have read and reviewed all information contained in Appendix A of this approved Form ETA-9089, and that to the best of my knowledge the information contained therein is true and accurate. I understand that to knowingly and/or willfully furnish materially false information in the preparation of this form and any supplement thereto or to aid, abet, or counsel another to do so is a federal offense punishable by fines, imprisonment, or both (18 U.S.C. 2, 1001, 1546, 1621).

I further declare that I am the person identified under Section A, Fields 5, 6, and 7 above. I did not participate in any activities involving the interviewing or consideration of U.S. workers and intend to accept permanent employment in the job opportunity specified on this approved Form ETA-9089, including all appendices, offered by the employer if granted a visa or an adjustment of status based on this permanent labor certification.

1. Signature *	2. Date Signed *
<i>Homaira</i>	10/08/2024

C. Attorney or Agent Declaration

I declare under penalty of perjury that I am an attorney for the employer, or that I am an employee of, or hired by, the employer listed in Section C of the Form ETA-9089, and that I have been designated by that employer in accordance with 20 CFR 656.10(b) to act on its behalf in connection with this application.

I hereby certify that I have provided to the employer the entire Form ETA-9089, appendices, and all supporting documentation for review and to the best of my knowledge the information contained herein is true and accurate, including the employer's declaration regarding activities that I have undertaken on the employer's behalf in connection with this application. I understand that to knowingly and/or willfully furnish materially false information in the preparation of this form and any supplement hereto or to aid, abet, or counsel another to do so is a federal offense punishable by fines, imprisonment, or both (18 U.S.C. 2, 1001, 1546, 1621).

1. Attorney or Agent's Last (family) Name *	2. First (given) Name *	3. Middle Initial §
<i>Veiga</i>	<i>Marina</i>	
4. Firm/Business Name § <i>Law office of Shayne Epstein P.A.</i>		
5. Signature *	6. Date Signed *	
<i>[Signature]</i>	10/08/2024	

D. Employer Declaration

I hereby designate the agent or attorney identified in Section C (if any) of the Form ETA-9089 to represent me for the purpose of labor certification and, by virtue of my signature in Field 5 below, I take full responsibility for the accuracy of any representations made by my agent or attorney, and my designated preparer identified in Section C above, on every page of the Form ETA-9089, including all appendices, and documentation supporting this application.

I declare under penalty of perjury that I have read and reviewed this application, including every page of the Form ETA-9089, appendices, and supporting documentation, and that to the best of my knowledge the information contained therein is true and accurate. I understand that to knowingly and/or willfully furnish materially false information in the preparation of this form and any supplement thereto or to aid, abet, or counsel another to do so is a federal offense punishable by fines, imprisonment, or both (18 U.S.C. 2, 1001, 1546, 1621).

1. Last (family) Name *	2. First (given) Name *	3. Middle Initial §
4. Title *		
5. Signature *	6. Date Signed *	

For Public Burden Statement, see the instructions for Form ETA-9089.

Application for Permanent Employment Certification
Form ETA-9089 – Final Determination: Permanent Labor Certification Approval
U.S. Department of Labor



B. Foreign Worker Declaration

I **declare** under penalty of perjury that I have read and reviewed all information contained in Appendix A of this approved Form ETA-9089, and that to the best of my knowledge the information contained therein is true and accurate. *I understand that to knowingly and/or willfully furnish materially false information in the preparation of this form and any supplement thereto or to aid, abet, or counsel another to do so is a federal offense punishable by fines, imprisonment, or both (18 U.S.C. 2, 1001, 1546, 1621).*

I **further declare** that I am the person identified under Section A, Fields 5, 6, and 7 above. I did not participate in any activities involving the interviewing or consideration of U.S. workers and intend to accept permanent employment in the job opportunity specified on this approved Form ETA-9089, including all appendices, offered by the employer if granted a visa or an adjustment of status based on this permanent labor certification.

1. Signature *	2. Date Signed *
----------------	------------------

C. Attorney or Agent Declaration

I **declare** under penalty of perjury that I am an attorney for the employer, or that I am an employee of, or hired by, the employer listed in Section C of the Form ETA-9089, and that I have been designated by that employer in accordance with 20 CFR 656.10(b) to act on its behalf in connection with this application.

I **herby certify** that I have provided to the employer the entire Form ETA-9089, appendices, and all supporting documentation for review and to the best of my knowledge the information contained herein is true and accurate, including the employer's declaration regarding activities that I have undertaken on the employer's behalf in connection with this application. *I understand that to knowingly and/or willfully furnish materially false information in the preparation of this form and any supplement hereto or to aid, abet, or counsel another to do so is a federal offense punishable by fines, imprisonment, or both (18 U.S.C. 2, 1001, 1546, 1621).*

1. Attorney or Agent's Last (family) Name *	2. First (given) Name *	3. Middle Initial §
VEIGA	MARINA	
4. Firm/Business Name § LAW OFFICE OF SHAYNE EPSTEIN D.A.		
5. Signature *	6. Date Signed *	
	10/08/2027	

D. Employer Declaration

I **herby designate** the agent or attorney identified in Section C (if any) of the Form ETA-9089 to represent me for the purpose of labor certification and, by virtue of my signature in Field 5 below, I **take full responsibility** for the accuracy of any representations made by my agent or attorney, and my designated preparer identified in Section C above, on every page of the Form ETA-9089, including all appendices, and documentation supporting this application.

I **declare** under penalty of perjury that I have read and reviewed this application, including every page of the Form ETA-9089, appendices, and supporting documentation, and that to the best of my knowledge the information contained therein is true and accurate. *I understand that to knowingly and/or willfully furnish materially false information in the preparation of this form and any supplement thereto or to aid, abet, or counsel another to do so is a federal offense punishable by fines, imprisonment, or both (18 U.S.C. 2, 1001, 1546, 1621).*

1. Last (family) Name *	2. First (given) Name *	3. Middle Initial §
Ahmed	Tamanna	
4. Title * President		
5. Signature *	6. Date Signed *	
	10/08/2027	

For Public Burden Statement, see the Instructions for Form ETA-9089.



Application for Permanent Employment Certification
 Form ETA-9089
 U.S. Department of Labor

IMPORTANT: Please review and read the filing instructions carefully before completing the Form ETA-9089. A copy of the instructions can be found at <https://www.dol.gov/agencies/eta/foreign-labor>. If you are not submitting these forms electronically, please complete ALL required fields/items containing an asterisk (*) and any fields/items where a response is conditional and must be completed if applicable as indicated by the section (§) symbol.

In accordance with Federal Regulations at 20 CFR 656.17(a)(1), incomplete applications will be denied by the Department of Labor. If submitting this form non-electronically, ALL fields/items must be completed. In fields/items for which there is no answer, enter "N/A" or "0" (zero) if the field/item is a number field. If submitting this form electronically, you may leave fields/items for which there is no answer blank, and, at the end of each page, you will be asked to confirm your desire to leave these fields/items blank. When the application is printed, all fields/items intentionally left blank will be automatically pre-populated with "N/A."

A. Employer Information

1. Legal Business Name *		
Cape Coral Petroleum Inc		
2. Trade Name/Doing Business As (DBA), if applicable §		
N/A		
3. Address 1 *		
2231 Del Prado Blvd S		
4. Address 2 (apartment/suite/floor and number) §		
N/A		
5. City *	6. State *	7. Postal Code *
Cape Coral	FLORIDA	33990
8. Country *	9. Province §	
UNITED STATES OF AMERICA	N/A	
10. Telephone Number *	11. Extension §	
+1 (239) 574-3866	N/A	
12. Federal Employer Identification Number (FEIN from IRS) *	13. NAICS Code *	
26-0566322	447110	
14. Number of current employees on payroll in the area of intended employment * 3	15. Year Commenced Business * (if household, year issued FEIN) 2007	
16. Is the employer a closely held corporation, partnership, or sole proprietorship in which the foreign worker has an ownership interest? *		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
17. Is there a familial relationship between the foreign worker and the owners, stockholders, partners, corporate officers, and/or incorporators? *		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

B. Employer Point of Contact Information

The information contained in this Section must be that of an employee of the employer who is authorized to act on behalf of the employer in labor certification matters. The information in this Section must be different from the agent or attorney information listed in Section C, except when the attorney is an employee of the employer.

1. Contact's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Ahmed	Tamanna	N/A
4. Contact's Job Title *		
President/ Manager		
5. Address 1 *		
2231 Del Prado Blvd S		
6. Address 2 (apartment/suite/floor and number) §		
N/A		
7. City *	8. State *	9. Postal Code *
Cape Coral	FLORIDA	33990
10. Country *	11. Province §	
UNITED STATES OF AMERICA	N/A	
12. Telephone Number *	13. Extension §	14. Business Email Address *
+1 (239) 574-3866	N/A	maishatrading@gmail.com

Application for Permanent Employment Certification
 Form ETA-9089
 U.S. Department of Labor



C. Attorney or Agent Information (If applicable)

1. Indicate the type of representation for the employer in the filing of this application. * (complete the remainder of this section if "Attorney" or "Agent" is marked)		<input checked="" type="checkbox"/> Attorney <input type="checkbox"/> Agent <input type="checkbox"/> None	
2. Attorney or Agent's Last (family) Name § Veiga	3. First (given) Name § Marina	4. Middle Name(s) § F	
5. Address 1 § 2295 NW Corporate Blvd.			
6. Address 2 (apartment/suite/floor and number) § Suite 215			
7. City § Boca Raton		8. State § FLORIDA	9. Postal Code § 33431
10. Country § UNITED STATES OF AMERICA		11. Province § N/A	
12. Telephone Number § +1 (954) 781-1994	13. Extension § N/A	14. Law Firm/Business Email Address § perm@theepsteingroup.org	
15. Law Firm/Business Name § Law Office of Shayne J. Epstein, PA		16. Law Firm/Business FEIN § 65-1142548	
If "Attorney" is marked in question C.1 or an Attorney is acting as an "Agent", complete questions 17 to 19 below.			
17. State Bar Number(s) § 125484		18. State of highest court where attorney is in good standing § FLORIDA	
19. Name of the highest state court where attorney is in good standing § FLORIDA SUPREME COURT			

D. Foreign Worker Information

1. A completed Appendix A identifying the foreign worker being sponsored for permanent employment by the employer named in Section A of this application is attached. *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Has the employer contracted with an agent or attorney that also represents the foreign worker covered by this application? *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

E. Job Opportunity and Wage Information

1. Enter the valid Prevailing Wage Determination (PWD) case number issued by the Department of Labor to identify the job opportunity and prevailing wage(s) covered by this application. *	P-100-22279-514171
2. If a valid PWD has <u>not</u> been obtained due to the employer being required, by notice from a Certifying Officer, to currently undergo supervised recruitment in accordance with 20 CFR 656.21, indicate whether a completed Form ETA-9141 is attached to this application. *	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
3. Offered Wage * From: \$ 27706 .00 * To: \$ 27706 .00	4. Per (Choose only one) * <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input checked="" type="checkbox"/> Year
5. Additional conditions about the offered wage. (Enter up to 500 characters) § N/A	



Application for Permanent Employment Certification
 Form ETA-9089
 U.S. Department of Labor

F. Area of Intended Employment Information

a. Worksite Information

1. Type of worksite location that best describes where work will be performed (Choose only one): * a. <input checked="" type="checkbox"/> Business premises b. <input type="checkbox"/> Employer's private household (includes live-in and domestic household worker) c. <input type="checkbox"/> Employee's private residence (when work is performed directly out of the residence) d. <input type="checkbox"/> No <u>one</u> specific worksite address or physical location <i>If submitting this form non-electronically and marked "No one specific worksite address or physical location," enter "N/A" or "0" (zero), as appropriate, in questions 2- 7 below, mark questions 8 and 8a, and continue to Section F.b.</i>			
2. Worksite Address * 2231 Del Prado Blvd S			
3. Worksite Address § (apartment/suite/floor and number) N/A			
4. City * Cape Coral		5. County * LEE	
6. State/District/Territory * FLORIDA			7. Postal Code * 33990
8. MSA/OES Area Code * 15980	8a. MSA Name/OES Area Title * Cape Coral-Fort Myers, FL		

b. Additional Worksites

1. Will work be performed in geographic areas other than the one identified in Section F.a above? *	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. If "Yes" is marked in question F.b.1, indicate whether a completed Appendix B is attached to this application. §	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A

c. Other Definable Geographic Area(s)

Complete this question only where the specific MSA(s) are not known or the expected area(s) of intended employment are dispersed over a wide geographical area. If submitting this form non-electronically, and not applicable, enter "N/A." If the job opportunity requires roving, travel or possible relocation, enter the phrase "Various Worksites," otherwise, enter "N/A" .

1. Identify the geographic area(s) where work will be performed. For example, this can include a listing of cities or townships/states, counties/states, or states located within a geographic region (up to 1,500 characters). §



Application for Permanent Employment Certification
 Form ETA-9089
 U.S. Department of Labor

G. Additional Job Opportunity Information and Other Requirements

1. Is this a permanent position offering full-time employment of generally 35 hours or more? *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Is the employer seeking permanent labor certification for a live-in household domestic service worker? *	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2a. If "Yes" is marked in Question G.2, indicate whether the foreign worker possesses one year of paid experience as a live-in household domestic service worker? §	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
2b. If "Yes" is marked in Question G.2, indicate whether the employer and foreign worker have executed the required employment contract? §	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
2c. If "Yes" is marked in Question G.2b, indicate whether the employer provided a copy of the employment contract to the foreign worker? §	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
3. Will the employer accept a foreign diploma/degree equivalent to the employer's required U.S. diploma/degree identified in Section F of the PWD identified in Question E.1? *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
4. Is the foreign worker currently working for the employer submitting this application? *	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4a. If "Yes" in Question G.4, indicate whether the foreign worker only qualifies for the job opportunity by virtue of the employer's alternative requirements identified in Section F of the PWD identified in Question E.1. §	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
4b. If "Yes" in Questions G.4 and G.4a, please select the applicable statement describing the employer's willingness to accept any suitable combination of education, experience, or training. §	<input type="checkbox"/> I ACCEPT <input type="checkbox"/> I DO NOT ACCEPT
5. Is the employer relying solely on the experience the foreign worker gained while working for the employer, including as a contract employee to qualify him/her for the job opportunity covered by this application? *	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5a. If "Yes" in Question G.5, did the foreign worker gain any of the qualifying experience with the employer in a position substantially comparable to the job opportunity identified in Section F of the PWD identified in Question E.1? §	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
5b. If "Yes" in Question G.5, did the employer pay for any of the foreign worker's education or training necessary to satisfy any of the employer's requirements for the job opportunity identified in Section F of the PWD identified in Question E.1? §	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A

If "Yes" is marked in any of the questions below, complete one (1) section of the Form ETA-9089, Appendix C to provide a brief explanation justifying the response.

6. Does the job opportunity require the worker to live on the employer's premises? *	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7. Does the job opportunity identified in Section F of the PWD identified in Question E.1 involve a combination of occupations? *	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. Is proficiency in a foreign language required or preferred to perform the job duties identified in Section F of the PWD identified in Question E.1? *	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9. Do the job requirements identified in Section F of the PWD identified in Question E.1 exceed the Specific Vocational Preparation (SVP) level assigned to the occupation as shown in the O*NET Job Zones? *	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
10. Did the employer use a credentialing service to qualify the foreign worker's education and/or experience requirements in Section F of the PWD identified in Question E.1? *	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
11. Has the employer received payment of any kind for the submission of this application? *	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
12. Has the employer had a layoff in the occupation involved in this application or in a related occupation within the 6 months immediately preceding the filing of this application in the area of intended employment? *	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Application for Permanent Employment Certification
 Form ETA-9089
 U.S. Department of Labor



H. Recruitment Information

a. Supervised Recruitment

1. Is the employer required, by notice from a Certifying Officer, to currently undergo supervised recruitment in accordance with 20 CFR 656.21? *	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	---

b. Occupation Type - All must complete this section.

Mark ONE appropriate box below: *

<input type="checkbox"/>	1a. This application is for a professional occupation (which includes a college or university teacher <u>not</u> selected using the competitive recruitment process) and the recruiting was conducted in accordance with 20 CFR 656.17(e)(1).
<input checked="" type="checkbox"/>	1b. This application is for a non-professional occupation and the recruiting was conducted in accordance with 20 CFR 656.17(e)(2).
<input type="checkbox"/>	1c. This application is for a college or university teacher and the candidate was selected using the competitive recruitment process in accordance with 20 CFR 656.18. (Skip c. and d. of Section H. and go to Appendix D)
<input type="checkbox"/>	1d. None of the above apply because this application is for a Schedule A or shepherd occupation .
<input type="checkbox"/>	1e. None of the above apply because this application is for a professional athlete .

c. Professional/Non-Professional Recruitment Information

Complete this section if 1a or 1b is marked in Question H.b above.			
1a. Start date of SWA job order §	3/15/2023	1b. End date of SWA job order §	4/14/2023
2. Is there a Sunday edition of a newspaper (of general circulation) in the area of intended employment? §		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2a. Name of newspaper of general circulation in which an advertisement was placed. §		2b. Advertisement date §	
THE NEWS- PRESS		4/16/2023	
3. Which of the following did the employer use to place the other advertisement for the job opportunity? (Choose only one) §			
<input checked="" type="checkbox"/> Newspaper of general circulation <input type="checkbox"/> Professional journal <input type="checkbox"/> N/A			
3a. Name of newspaper or professional journal in which an advertisement was placed. §		3b. Advertisement Date §	
THE NEWS- PRESS		4/23/2023	

d. Additional Recruitment Requirements for Professional Occupations

Complete this section if 1a is marked in Question H.b above. A <u>minimum of three (3)</u> recruitment events listed below must be completed.					
<input type="checkbox"/>	Job fair §	1a. From:	N/A	1b. To:	N/A
<input type="checkbox"/>	Employer website §	2a. From:	N/A	2b. To:	N/A
<input type="checkbox"/>	Job search website §	3a. From:	N/A	3b. To:	N/A
<input type="checkbox"/>	On-campus recruiting §	4a. From:	N/A	4b. To:	N/A
<input type="checkbox"/>	Trade or professional organization §	5a. From:	N/A	5b. To:	N/A
<input type="checkbox"/>	Private employment firm §	6a. From:	N/A	6b. To:	N/A
<input type="checkbox"/>	Employee referral program §	7a. From:	N/A	7b. To:	N/A
<input type="checkbox"/>	Campus placement office §	8a. From:	N/A	8b. To:	N/A
<input type="checkbox"/>	Local or ethnic newspaper §	9a. From:	N/A	9b. To:	N/A

Application for Permanent Employment Certification
 Form ETA-9089
 U.S. Department of Labor



<input type="checkbox"/>	Radio and/or TV advertisement §	10a. From:	N/A	10b. To:	N/A
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e. Notice of Posting - All must complete this section.

Mark ALL that apply in the appropriate box(es) below:

<input type="checkbox"/>	1a. Bargaining Representative Notice of this filing has been provided to the bargaining representative for workers in the occupation in which the foreign worker will be employed at least 30 days before, but not more than 180 days before, the date the application was filed.
<input checked="" type="checkbox"/>	1b. No Bargaining Representative – Physical Notice Notice of this filing has been physically posted to employees for consecutive business days in a conspicuous location at the places of employment at least 30 days before, but not more than 180 days before, the date this application was filed.
<input type="checkbox"/>	1c. No Bargaining Representative – Electronic Notice Notice of this filing has been disseminated electronically at least one (1) time, which is the employer's normal practice of informing current employees of job vacancies at least 30 days before, but not more than 180 days before, the date this application was filed.
<input type="checkbox"/>	1d. No Bargaining Representative – In-House Media Notice of this filing has been disseminated using all in-house media, which is the employer's normal practice of informing current employees of job vacancies at least 30 days before, but not more than 180 days before, the date this application was filed.
<input type="checkbox"/>	1e. No Bargaining Representative – Private Household Notice of this filing has been posted physically and/or disseminated electronically, in accordance with the employer's normal practice of informing current employees in the private household at least 30 days before, but not more than 180 days before, the date this application was filed.
<input type="checkbox"/>	1f. The employer DID NOT post the notice of filing.

i. Employer Labor Condition Statements - All must complete this section. Applications for Professional Athletes must attest to only condition statements 1 - 7.

- (1) The offered wage equals or exceeds the prevailing wage determined pursuant to 20 CFR 656.40 and 656.41, and the wage the employer will pay to the foreign worker to begin work will equal or exceed the prevailing wage that is applicable at the time the foreign worker begins work or from the time the foreign worker is admitted to take up the certified employment.
- (2) The wage offered is not based on commissions, bonuses, or other incentives, unless the employer guarantees a prevailing wage paid on a weekly, bi-weekly, or monthly basis that equals or exceeds the prevailing wage.
- (3) The employer has enough funds available to pay the wage or salary offered the foreign worker.
- (4) The employer will be able to place the foreign worker on the payroll on or before the date of the foreign worker's proposed entrance into the United States.
- (5) The job opportunity does not involve unlawful discrimination by race, creed, color, national origin, age, sex, religion, handicap, or citizenship.
- (6) The employer's job opportunity is not:
 - (i) Vacant because the former occupant is on strike or locked out in the course of a labor dispute involving a work stoppage; or
 - (ii) At issue in a labor dispute involving a work stoppage.
- (7) The job opportunity's terms, conditions, and occupational environment are not contrary to Federal, state or local law.
- (8) The job opportunity has been and is clearly open to any U.S. worker.
- (9) The U.S. workers who applied for the job opportunity were rejected for lawful job-related reasons.
- (10) The job opportunity is for full-time, permanent employment for an employer other than the foreign worker.

1. I certify under penalty of perjury my knowledge of and compliance with the applicable Labor Condition Statements above covering the conditions of employment for the job opportunity and foreign worker covered by this application. 20 CFR 656.10(c).*

Yes No

Application for Permanent Employment Certification
Form ETA-9089
U.S. Department of Labor



J. Preparer

Complete this section if the preparer of this application is a person other than the one identified in either Section B (employer point of contact) or Section C (attorney or agent) of this application.

1. Last (family) Name § N/A	2. First (given) Name § N/A	3. Middle Name(s) § N/A
4. Law Firm/Business FEIN § N/A	5. Law Firm/Business Name § N/A	
6. Law Firm/Business Email Address § N/A		

For Public Burden Statement, see the Instructions for Form ETA-9089.

Application for Permanent Employment Certification
 Form ETA-9089 – Appendix A: Foreign Worker Information
 U.S. Department of Labor



FOREIGN WORKER INFORMATION

A. Foreign Worker Contact Information

1. Foreign Worker's Last (family) Name *		
HOSSAIN		
2. Foreign Worker's First (given) Name *		
HOMAIRA BINTA		
3. Foreign Worker's Middle Name(s) *		
N/A		
4. Address 1 (current) *		
1103 SE 16TH PLACE		
5. Address 2 (apartment/suite/floor and number) §		
N/A		
6. City *	7. State *	8. Postal Code *
CAPE CORAL	FLORIDA	33990
9. Country *	10. Province §	
UNITED STATES OF AMERICA	N/A	
11. Date of Birth (mm/dd/yyyy) *	12. Class of Admission *	13. Alien Registration Number (A#) (if applicable) *
1/11/1976	B-2	0
14. Country of Birth *		
BANGLADESH		
15. Country of Citizenship or Nationality *		
BANGLADESH		

B. Foreign Worker Education §

a. Educational Attainment Information 1

1. Education: U.S. Diploma/Degree attained relevant to the job opportunity	
<input type="checkbox"/> None <input checked="" type="checkbox"/> High School/GED <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate (PhD) <input type="checkbox"/> Other Degree (JD, MD, etc.)	
1a. If "Other Degree" in question 1, specify the diploma/degree attained	
1b. Specify major(s) and/or field(s) of study (may list more than one related major and more than one field)	
1c. Name of Institution that issued the degree/diploma	
BOARD OF INTERMEDIATE AND SECONDARY EDUCATION, COMILLA BANGLADESH	
1d. Name of Country of institution identified in question 1c	1e. Month/year attained (mm/yyyy)
BANGLADESH	06/1993

b. Educational Attainment Information 2

1. Education: U.S. Diploma/Degree attained relevant to the job opportunity	
<input type="checkbox"/> None <input type="checkbox"/> High School/GED <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate (PhD) <input type="checkbox"/> Other Degree (JD, MD, etc.)	
1a. If "Other Degree" in question 1, specify the diploma/degree attained	
1b. Specify major(s) and/or field(s) of study (may list more than one related major and more than one field)	
1c. Name of Institution that issued the degree/diploma	
1d. Name of Country of Institution identified in question 1c	
1e. Month/year attained (mm/yyyy)	



Application for Permanent Employment Certification
Form ETA-9089 – APPENDIX A: Foreign Worker Information
U.S. Department of Labor

B. Foreign Worker Education (continued)

c. Educational Attainment Information 3

1. Education: U.S. Diploma/Degree attained relevant to the job opportunity <input type="checkbox"/> None <input type="checkbox"/> High School/GED <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate (PhD) <input type="checkbox"/> Other Degree (JD, MD, etc.)	
1a. If "Other Degree" in question 1, specify the diploma/degree attained	
1b. Specify major(s) and/or field(s) of study (may list more than one related major and more than one field)	
1c. Name of Institution that issued the degree/diploma	
1d. Name of Country of Institution identified in question 1c	1e. Month/year attained (mm/yyyy)

d. Educational Attainment Information 4

1. Education: U.S. Diploma/Degree attained relevant to the job opportunity <input type="checkbox"/> None <input type="checkbox"/> High School/GED <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate (PhD) <input type="checkbox"/> Other Degree (JD, MD, etc.)	
1a. If "Other Degree" in question 1, specify the diploma/degree attained	
1b. Specify major(s) and/or field(s) of study (may list more than one related major and more than one field)	
1c. Name of Institution that issued the degree/diploma	
1d. Name of Country of Institution identified in question 1c	1e. Month/year attained (mm/yyyy)

e. Educational Attainment Information 5

1. Education: U.S. Diploma/Degree attained relevant to the job opportunity <input type="checkbox"/> None <input type="checkbox"/> High School/GED <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate (PhD) <input type="checkbox"/> Other Degree (JD, MD, etc.)	
1a. If "Other Degree" in question 1, specify the diploma/degree attained	
1b. Specify major(s) and/or field(s) of study (may list more than one related major and more than one field)	
1c. Name of Institution that issued the degree/diploma	
1d. Name of Country of Institution identified in question 1c	1e. Month/year attained (mm/yyyy)

C. Foreign Worker Training Qualifications §

a. Training, Certification(s), and/or License(s) Information 1

1. Name of Institution/School/Training provider AAA FOOD SAFETY
1a. Name of training, coursework, experience received CERTIFIED FOOD PROTECTION MANAGER



Application for Permanent Employment Certification
 Form ETA-9089 – APPENDIX A: Foreign Worker Information
 U.S. Department of Labor

1b. Training/Certifications/licenses attained (if applicable) CERTIFIED FOOD PROTECTION MANAGER CERTIFICATE		
1c. Start date of training (mm/yyyy) 12/2022	1d. End date of training (mm/yyyy) 01/2023	1e. Month/year awarded (mm/yyyy) 01/2023

b. Training, Certification(s), and/or License(s) Information 2

1. Name of Institution/School/Training provider		
1a. Name of training, coursework, experience received		
1b. Training/Certifications/Licenses attained (if applicable)		
1c. Start date of training (mm/yyyy)	1d. End date of training (mm/yyyy)	1e. Month/year awarded (mm/yyyy)

c. Training, Certification(s), and/or License(s) Information 3

1. Name of Institution/School/Training provider		
1a. Name of training, coursework, experience received		
1b. Training/certifications/licenses attained (if applicable)		
1c. Start date of training (mm/yyyy)	1d. End date of training (mm/yyyy)	1e. Month/year awarded (mm/yyyy)

D. Foreign Worker Skills, Abilities and Proficiencies §

a. Skills, Abilities, and Proficiencies 1

1. Name of Employer/Institution/School/Training Provider AAA Food Safety	
1a. Country UNITED STATES OF AMERICA	1b. State, Territory, or Province TEXAS
1c. Description of specific skills, abilities, and/or proficiencies the foreign worker possesses or attained, which help establish whether the foreign worker meets the requirements identified for the job opportunity (up to 1,500 characters) REQUIREMENTS: High School + Food Safety Certificate and 2 years of experience in the job offered. Alternatively, employer will accept High School plus a Food Safety Certificate plus any kind of management or executive experience in any industry. Mrs. Homaira Binta Hossain has complete the Food Safety certificate at AAA Food Safety. The course covered the following: Covid-19 Training, The importance of Food Safety, Good Personal Hygiene, Safe Food Preparation, Cleaning and Sanitizing, Receiving and Storing Food, Time & Temperature Control, Alert Food Defense Program, Preventing Cross Contamination, Allergens (cross contact), HACCP (Hazard, Analysis, critical control points), Methods for thawing, cooking, cooling, and re-heating food.	

Application for Permanent Employment Certification
 Form ETA-9089 – APPENDIX A: Foreign Worker Information
 U.S. Department of Labor



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b. Skills, Abilities, and Proficiencies 2

1. Name of Employer/Institution/School/Training Provider	
1a. Country	1b. State, Territory, or Province
1c. Description of specific skills, abilities, and/or proficiencies the foreign worker possesses or attained, which help establish whether the foreign worker meets the requirements identified for the job opportunity (up to 1,500 characters)	

E. Foreign Worker Work Experience §

a. Work Experience 1

1. Employer Name CONTINENTAL TRADERS (BD) LTD. - OOCL			
1a. Address 1 PLOT#09 AGRABAD C/A, SK MUJIB ROAD			
1b. Address 2 IIUC TOWER, 9TH FLOOR			
1c. City or Town CHATTOGRAM			1d. Postal Code 4100
1e. Country BANGLADESH		1f. State, Territory, or Province CHATTOGRAM	
1g. Job Title SENIOR EXECUTIVE INBOUND DOCUMENTATION			
1h. Start Date (mm/yyyy) 01/2013	1i. End Date (mm/yyyy) 08/2015	1j. Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1k. Hours Worked Per Week 40

Application for Permanent Employment Certification
Form ETA-9089 – APPENDIX A: Foreign Worker Information
U.S. Department of Labor



11. Job Duties: Specify details of the job (work tasks performed, use of tools/equipment, supervision, etc.) (*up to 3,500 characters*)

Her Duties were: Calculation of Detention & Demurrage charges for each inbound shipment, follow up with customer for undelivered shipment and process bad debt write-off application for abandoned cargo, identify the commodities of each shipment & submit the import general manifest to Customs authority accordingly.

For Public Burden Statement, see the Instructions for Form ETA-9089.

2231 Del Prado Blvd S
Cape Coral, FL 33990



Cape Coral Petroleum, Inc.

September 30, 2024

Department of Homeland Security
United States Citizenship & Immigration
Services

CURRENT JOB OFFER

Dear Sir or Madam:

I hereby certify that the position of Food Safety Manager Night Shift is still available. The position is full-time. The salary is \$27,706.00 per year or above the Prevailing Wage.

Proffered permanent duties: Ask customers if they are interested in purchasing additional items. Be professional, friendly, and helpful to customers. Follow Company policies, as well as comply with all Federal and State laws. Work alone in the evening or with others. Use Point of Sale system and properly account for all cash. Accurately prepare the daily paperwork and handle lottery, money order, money transfer and other types of retail transactions. Be exposed to cold and hot temperature extremes in the walk-in cooler, freezer and/or outdoors. Be able to stand, stoop and/or walk for an entire shift and be able to bend at the waist with some twisting. Be able to reach, grasp and manipulate objects with hands continuously throughout the day. Review all invoices/charges relative to each delivery of food. Identify and verify each food shipment contains all items were delivered and appropriately refrigerated. Efficiently utilize all equipment in the store (POS system, Fuel Tanks and Dispensers, etc.). Maintain property and equipment to ensure customers and employees have a safe environment in which to work and shop. Follow all Company Safety and Loss Prevention procedures including wearing appropriate safety equipment. Responsible for food safety and rotating inventory. Has control over food storage, preparation, display, and service of foods.

We also confirm our desire to employ Homaira Binta Hossain. Should you need any further information please contact me.

Sincerely Yours,

Tamanna Ahmed

President/Manager



E-file Authorization for Corporations

(December 2022)

For calendar year 2023, or tax year beginning _____, 20____, ending _____, 20____

OMB No. 1545-0123

Department of the Treasury
Internal Revenue Service

**Use for efile authorizations for Form 1120, 1120-F or 1120S.
Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879CORP for the latest information.**

Name of corporation

CAPE CORAL PETROLEUM INC

Employer identification number

26-0566322

Part I Information (Whole dollars only)

1	Total income (Form 1120, line 11)	1	
2	Total income (Form 1120-F, Section II, line 11)	2	
3	Total income (loss) (Form 1120-S, line 6)	3	427,772

Part II Declaration and Signature Authorization of Officer. Be sure to get a copy of the corporation's return.

Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's electronic income tax return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the corporation's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize _____ to enter my PIN

--	--	--	--	--

 as my signature
ERO firm name
do not enter all zeros
on the corporation's electronically filed income tax return.

As an officer of the corporation, I will enter my PIN as my signature on the corporation's electronically filed income tax return.

Officer's signature _____ Date _____ Title PRESIDENT

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

6	5	8	0	6	6	6	5	8	0	6
---	---	---	---	---	---	---	---	---	---	---

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 3112**, IRS e-file Application and Participation, and **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature _____ Date 08/11/2024

**ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

U.S. Income Tax Return for an S Corporation

Department of the Treasury Internal Revenue Service

Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation. Go to www.irs.gov/Form1120S for instructions and the latest information.

2023

For calendar year 2023 or tax year beginning , 2023, ending , 20

Table with 4 columns: A, B, C, D, E, F. Includes fields for S election effective date, Business activity code, Check if Sch. M-3 attached, Name, Employer identification number, Date incorporated, Total assets.

G Is the corporation electing to be an S corporation beginning with this tax year? See instructions. H Check if: (1) Final return (2) Name change (3) Address change (4) Amended return (5) S election termination I Enter the number of shareholders... J Check if corporation: (1) Aggregated activities... (2) Grouped activities...

Caution: Include only trade or business income and expenses on lines 1a through 22. See the instructions for more information.

Main table with 28 rows and 4 columns (1a, b, c, 1c-28). Rows include Income (1-6), Deductions (7-22), and Tax and Payments (23-28).

Sign Here Under penalties of perjury, I declare that I have examined this return... Signature of officer: GRACE NORWICH, Date: 08/11/2024, Title: PRESIDENT

Paid Preparer Use Only Print/Type preparer's name: GRACE NORWICH, Preparer's signature: GRACE NORWICH, Date: 08/11/2024, Firm's name: GRACE FINANCIAL CONSULTING INC., Firm's address: 511 S OLIVE AVE WEST PALM BEACH FL 33401

Schedule B Other Information (see instructions)

1	Check accounting method: a <input checked="" type="checkbox"/> Cash b <input type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) _____	Yes	No
2	See the instructions and enter the: a Business activity <u>RETAIL</u> b Product or service <u>GAS & BEVERAGE</u>		
3	At any time during the tax year, was any shareholder of the corporation a disregarded entity, a trust, an estate, or a nominee or similar person? If "Yes," attach Schedule B-1, Information on Certain Shareholders of an S Corporation . . .		X
4	At the end of the tax year, did the corporation: a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total stock issued and outstanding of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below		X

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage of Stock Owned	(v) If Percentage in (iv) Is 100%, Enter the Date (if applicable) a Qualified Subchapter S Subsidiary Election Was Made

b	Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below	Yes	No
			X

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital

5a	At the end of the tax year, did the corporation have any outstanding shares of restricted stock? If "Yes," complete lines (i) and (ii) below. (i) Total shares of restricted stock (ii) Total shares of non-restricted stock	Yes	No
			X
b	At the end of the tax year, did the corporation have any outstanding stock options, warrants, or similar instruments? If "Yes," complete lines (i) and (ii) below. (i) Total shares of stock outstanding at the end of the tax year (ii) Total shares of stock outstanding if all instruments were executed	Yes	No
			X
6	Has this corporation filed, or is it required to file, Form 8918 , Material Advisor Disclosure Statement, to provide information on any reportable transaction?	Yes	No
			X
7	Check this box if the corporation issued publicly offered debt instruments with original issue discount <input type="checkbox"/> If checked, the corporation may have to file Form 8281 , Information Return for Publicly Offered Original Issue Discount Instruments.	Yes	No
8	If the corporation (a) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in the hands of a C corporation, and (b) has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years. See instructions \$ _____	Yes	No
9	Did the corporation have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions	Yes	No
			X
10	Does the corporation satisfy one or more of the following? See instructions	Yes	No
			X
a	The corporation owns a pass-through entity with current, or prior year carryover, excess business interest expense.	Yes	No
b	The corporation's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than \$29 million and the corporation has business interest expense.	Yes	No
c	The corporation is a tax shelter and the corporation has business interest expense. If "Yes," complete and attach Form 8990 , Limitation on Business Interest Expense Under Section 163(j).	Yes	No
11	Does the corporation satisfy both of the following conditions?	Yes	No
			X
a	The corporation's total receipts (see instructions) for the tax year were less than \$250,000.	Yes	No
b	The corporation's total assets at the end of the tax year were less than \$250,000. If "Yes," the corporation is not required to complete Schedules L and M-1.	Yes	No

Schedule B Other Information (see instructions) <i>(continued)</i>		Yes	No
12	During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt? If "Yes," enter the amount of principal reduction \$ _____		X
13	During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions		X
14a	Did the corporation make any payments in 2023 that would require it to file Form(s) 1099?		X
b	If "Yes," did or will the corporation file required Form(s) 1099?		
15	Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund? If "Yes," enter the amount from Form 8996, line 15 \$ _____		X
16	At any time during the tax year, did the corporation: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? See instructions		X

Schedule K Shareholders' Pro Rata Share Items		Total amount	
Income (Loss)	1 Ordinary business income (loss) (page 1, line 22)	1	57,254 .
	2 Net rental real estate income (loss) (attach Form 8825)	2	
	3a Other gross rental income (loss)	3a	
	b Expenses from other rental activities (attach statement)	3b	
	c Other net rental income (loss). Subtract line 3b from line 3a	3c	
	4 Interest income	4	
	5 Dividends: a Ordinary dividends	5a	
	b Qualified dividends	5b	
	6 Royalties	6	
	7 Net short-term capital gain (loss) (attach Schedule D (Form 1120-S))	7	
8a Net long-term capital gain (loss) (attach Schedule D (Form 1120-S))	8a		
	b Collectibles (28%) gain (loss)	8b	
	c Unrecaptured section 1250 gain (attach statement)	8c	
9 Net section 1231 gain (loss) (attach Form 4797)	9		
10 Other income (loss) (see instructions) Type:	10		
Deductions	11 Section 179 deduction (attach Form 4562)	11	
	12a Charitable contributions	12a	
	b Investment interest expense	12b	
	c Section 59(e)(2) expenditures Type: _____	12c	
d Other deductions (see instructions) Type: _____	12d		
Credits	13a Low-income housing credit (section 42(j)(5))	13a	
	b Low-income housing credit (other)	13b	
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	13c	
	d Other rental real estate credits (see instructions) Type: _____	13d	
	e Other rental credits (see instructions) Type: _____	13e	
	f Biofuel producer credit (attach Form 6478)	13f	
	g Other credits (see instructions) Type: _____	13g	
Inter-national	14 Attach Schedule K-2 (Form 1120-S), Shareholders' Pro Rata Share Items—International, and check this box to indicate you are reporting items of international tax relevance <input type="checkbox"/>		
Alternative Minimum Tax (AMT) Items	15a Post-1986 depreciation adjustment	15a	-407 .
	b Adjusted gain or loss	15b	
	c Depletion (other than oil and gas)	15c	
	d Oil, gas, and geothermal properties—gross income	15d	
	e Oil, gas, and geothermal properties—deductions	15e	
	f Other AMT items (attach statement)	15f	
Items Affecting Shareholder Basis	16a Tax-exempt interest income	16a	
	b Other tax-exempt income	16b	
	c Nondeductible expenses	16c	
	d Distributions (attach statement if required) (see instructions)	16d	57,254 .
	e Repayment of loans from shareholders	16e	
	f Foreign taxes paid or accrued	16f	

Schedule K Shareholders' Pro Rata Share Items <i>(continued)</i>		Total amount	
Other Information	17a Investment income	17a	
	b Investment expenses	17b	
	c Dividend distributions paid from accumulated earnings and profits	17c	0.
	d Other items and amounts (attach statement) ** SEC 199A INFO: SEE STMT A		
Reconciliation	18 Income (loss) reconciliation. Combine the total amounts on lines 1 through 10. From the result, subtract the sum of the amounts on lines 11 through 12d and 16f	18	57,254.

Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
1	Cash		100,139.		95,872.
2a	Trade notes and accounts receivable				
b	Less allowance for bad debts	()		()	
3	Inventories		139,785.		140,226.
4	U.S. government obligations				
5	Tax-exempt securities (see instructions)				
6	Other current assets (attach statement)				
7	Loans to shareholders				
8	Mortgage and real estate loans				
9	Other investments (attach statement)				
10a	Buildings and other depreciable assets	389,950.		389,950.	
b	Less accumulated depreciation	(387,788.)	2,162.	(388,879.)	1,071.
11a	Depletable assets				
b	Less accumulated depletion	()		()	
12	Land (net of any amortization)				
13a	Intangible assets (amortizable only)	289,000.		289,000.	
b	Less accumulated amortization	(291,942.)	-2,942.	(289,000.)	0.
14	Other assets (attach statement)				
15	Total assets		239,144.		237,169.
Liabilities and Shareholders' Equity					
16	Accounts payable				
17	Mortgages, notes, bonds payable in less than 1 year				
18	Other current liabilities (attach statement)				
19	Loans from shareholders				
20	Mortgages, notes, bonds payable in 1 year or more		93,900.		91,925.
21	Other liabilities (attach statement)				
22	Capital stock		100.		100.
23	Additional paid-in capital				
24	Retained earnings		145,144.		145,144.
25	Adjustments to shareholders' equity (attach statement)				
26	Less cost of treasury stock		()		()
27	Total liabilities and shareholders' equity		239,144.		237,169.

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return

Note: The corporation may be required to file Schedule M-3. See instructions.

1 Net income (loss) per books	57,254.	5 Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):	
2 Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize): _____		a Tax-exempt interest \$ _____	
3 Expenses recorded on books this year not included on Schedule K, lines 1 through 12, and 16f (itemize):		6 Deductions included on Schedule K, lines 1 through 12, and 16f, not charged against book income this year (itemize):	
a Depreciation \$ _____		a Depreciation \$ _____	
b Travel and entertainment \$ _____		7 Add lines 5 and 6	
4 Add lines 1 through 3	57,254.	8 Income (loss) (Schedule K, line 18). Subtract line 7 from line 4	57,254.

Schedule M-2 Analysis of Accumulated Adjustments Account, Shareholders' Undistributed Taxable Income Previously Taxed, Accumulated Earnings and Profits, and Other Adjustments Account
(see instructions)

	(a) Accumulated adjustments account	(b) Shareholders' undistributed taxable income previously taxed	(c) Accumulated earnings and profits	(d) Other adjustments account
1 Balance at beginning of tax year	145,144.	0.	0.	0.
2 Ordinary income from page 1, line 22	57,254.			
3 Other additions				
4 Loss from page 1, line 22	()			
5 Other reductions	()			()
6 Combine lines 1 through 5	202,398.	0.	0.	0.
7 Distributions	57,254.	0.	0.	0.
8 Balance at end of tax year. Subtract line 7 from line 6	145,144.	0.	0.	0.

(Rev. November 2018)
Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 1120, 1120-C, 1120-F, 1120S, or 1065.**
▶ **Go to www.irs.gov/Form1125A for the latest information.**

Name CAPE CORAL PETROLEUM INC		Employer identification number 26-0566322	
1	Inventory at beginning of year	1	139,785
2	Purchases	2	715,554
3	Cost of labor	3	
4	Additional section 263A costs (attach schedule)	4	
5	Other costs (attach schedule)	5	
6	Total. Add lines 1 through 5	6	855,339
7	Inventory at end of year	7	140,226
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return. See instructions	8	715,113

9a Check all methods used for valuing closing inventory:

(i) Cost

(ii) Lower of cost or market

(iii) Other (Specify method used and attach explanation.) ▶ _____

b Check if there was a writedown of subnormal goods ▶

c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) ▶

d If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed under LIFO **9d** _____

e If property is produced or acquired for resale, do the rules of section 263A apply to the entity? See instructions Yes No

f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation Yes No

Section references are to the Internal Revenue Code unless otherwise noted.

What's New

Small business taxpayers. For tax years beginning after December 31, 2017, the following apply.

- A small business taxpayer (defined below), may use a method of accounting for inventories that either: (1) treats inventories as nonincidental materials and supplies, or (2) conforms to the taxpayer's financial accounting treatment of inventories.
- A small business taxpayer is not required to capitalize costs under section 263A.

General Instructions

Purpose of Form

Use Form 1125-A to calculate and deduct cost of goods sold for certain entities.

Who Must File

Filers of Form 1120, 1120-C, 1120-F, 1120S, or 1065, must complete and attach Form 1125-A if the applicable entity reports a deduction for cost of goods sold.

Inventories

Generally, inventories are required at the beginning and end of each tax year if the production, purchase, or sale of

merchandise is an income-producing factor. See Regulations section 1.471-1. If inventories are required, you generally must use an accrual method of accounting for sales and purchases of inventory items.

Exception for certain taxpayers. A small business taxpayer (defined below), can adopt or change its accounting method to account for inventories in the same manner as material and supplies that are non-incidental, or conform to its treatment of inventories in an applicable financial statement (as defined in section 451(b)(3)), or if it does not have an applicable financial statement, the method of accounting used in its books and records prepared in accordance with its accounting procedures. See section 471(c)(3).

A small business taxpayer claiming exemption from the requirement to keep inventories is changing its method of accounting for purposes of section 481. For additional guidance on this method of accounting, see Pub. 538, Accounting Periods and Methods. For guidance on changing to this method of accounting, see Form 3115 and the Instructions for Form 3115.

Small business taxpayer. A small business taxpayer is a taxpayer that (a) has average annual gross receipts of \$25 million or less (indexed for inflation) for the 3 prior tax years, and (b) is not a tax shelter (as defined in section 448(d)(3)). See Pub. 538.

Uniform capitalization rules. The uniform capitalization rules of section 263A generally require you to capitalize, or include in inventory, certain costs incurred in connection with the following.

- The production of real property and tangible personal property held in inventory or held for sale in the ordinary course of business.
- Real property or personal property (tangible and intangible) acquired for resale.
- The production of real property and tangible personal property for use in its trade or business or in an activity engaged in for profit.

A small business taxpayer (defined above) is not required to capitalize costs under section 263A. See section 263A(i).

See the discussion on section 263A uniform capitalization rules in the instructions for your tax return before completing Form 1125-A. Also see Regulations sections 1.263A-1 through 1.263A-3. See Regulations section 1.263A-4 for rules for property produced in a farming business.

Schedule K-1 (Form 1120-S)

2023

Department of the Treasury Internal Revenue Service

For calendar year 2023, or tax year

beginning / / 2023 ending / /

Shareholder's Share of Income, Deductions, Credits, etc. See separate instructions.

Table with 4 columns: Line number, Description, Amount, and Other information. Includes rows for Ordinary business income (loss), Net rental real estate income (loss), Other net rental income (loss), Interest income, Ordinary dividends, Qualified dividends, Royalties, Net short-term capital gain (loss), Net long-term capital gain (loss), Collectibles (28%) gain (loss), Unrecaptured section 1250 gain, Net section 1231 gain (loss), Other income (loss), Section 179 deduction, Other deductions, Credits, Alternative minimum tax (AMT) items, and Other information.

Part I Information About the Corporation. Fields include: A Corporation's employer identification number (26-0566322), B Corporation's name, address, city, state, and ZIP code (CAPE CORAL PETROLEUM INC, 2231 DEL PARDO BLVD, CAPE CORAL FL 33990), C IRS Center where corporation filed return (Ogden, UT 84201-0013), D Corporation's total number of shares.

Part II Information About the Shareholder. Fields include: E Shareholder's identifying number (466-81-1781), F Shareholder's name, address, city, state, and ZIP code (TAMANNA C AHMED, 364 SW AVENUE E, BELLE GLADE FL 33430), G Current year allocation percentage (100.00000 %), H Shareholder's number of shares, I Loans from shareholder.

For IRS Use Only. Large empty box for additional information.

Statement A—QBI Pass-through Entity Reporting

Corporation's name: CAPE CORAL PETROLEUM INC		Corporation's EIN: 26-0566322	
Shareholder's name: TAMANNA C AHMED		Shareholder's identifying no: 466-81-1781	
Shareholder's share of:		1120S, Line 21	
		<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB	<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB
		<input type="checkbox"/> PTP	<input type="checkbox"/> Aggregated
		<input type="checkbox"/> SSTB	<input type="checkbox"/> SSTB
QBI or qualified PTP items subject to shareholder-specific determinations:			
	Ordinary business income (loss)	57,254.	
	Rental income (loss)		
	Royalty income (loss)		
	Section 1231 gain (loss)		
	Other income (loss)		
	Section 179 deduction		
	Other deductions		
	W-2 wages	67,600.	
	UBIA of qualified property	16,450.	
	Section 199A dividends		

Statement A—QBI Pass-through Entity Reporting

Corporation's name:		Corporation's EIN:	
Shareholder's name:		Shareholder's identifying no:	
Shareholder's share of:		<input type="checkbox"/> PTP	
		<input type="checkbox"/> PTP	<input type="checkbox"/> PTP
		<input type="checkbox"/> Aggregated	<input type="checkbox"/> Aggregated
		<input type="checkbox"/> SSTB	<input type="checkbox"/> SSTB
QBI or qualified PTP items subject to shareholder-specific determinations:			
	Ordinary business income (loss)		
	Rental income (loss)		
	Royalty income (loss)		
	Section 1231 gain (loss)		
	Other income (loss)		
	Section 179 deduction		
	Other deductions		
	W-2 wages		
	UBIA of qualified property		
	Section 199A dividends		

Corporation's Name: <u>CAPE CORAL PETROLEUM INC</u> Corporation's EIN: <u>26-0566322</u>			
	1120S, Line 21		
<input type="checkbox"/> PTP	<input type="checkbox"/> PTP	<input type="checkbox"/> PTP	<input type="checkbox"/> PTP
<input type="checkbox"/> Aggregated	<input type="checkbox"/> Aggregated	<input type="checkbox"/> Aggregated	<input type="checkbox"/> Aggregated
<input type="checkbox"/> SSTB	<input type="checkbox"/> SSTB	<input type="checkbox"/> SSTB	<input type="checkbox"/> SSTB
Shareholder's share of: QBI or qualified PTP items subject to shareholder-specific determinations:			
Ordinary business inc (loss)	57,254.	_____	_____
Rental income (loss)	_____	_____	_____
Royalty income (loss)	_____	_____	_____
Section 1231 gain (loss)	_____	_____	_____
Other income (loss)	_____	_____	_____
Section 179 deduction	_____	_____	_____
Other deductions	_____	_____	_____
W-2 wages	67,600.	_____	_____
UBIA of qualified property	16,450.	_____	_____
Section 199A dividends	_____		

Corporation's Name: _____ Corporation's EIN: _____



<input type="checkbox"/> PTP	<input type="checkbox"/> PTP	<input type="checkbox"/> PTP
<input type="checkbox"/> Aggregated	<input type="checkbox"/> Aggregated	<input type="checkbox"/> Aggregated
<input type="checkbox"/> SSTB	<input type="checkbox"/> SSTB	<input type="checkbox"/> SSTB

Shareholder's share of:
 QBI or qualified PTP items subject to shareholder-specific determinations:

Ordinary business inc (loss)	_____	_____	_____	_____
Rental income (loss)	_____	_____	_____	_____
Royalty income (loss)	_____	_____	_____	_____
Section 1231 gain (loss)	_____	_____	_____	_____
Other income (loss)	_____	_____	_____	_____
Section 179 deduction	_____	_____	_____	_____
Other deductions	_____	_____	_____	_____
W-2 wages	_____	_____	_____	_____
UBIA of qualified property	_____	_____	_____	_____

Section 199A dividends _____ _____

199A Worksheet by Activity

2023

▶ Keep for your records

Corporation's name CAPE CORAL PETROLEUM INC	Corporation's EIN 26-0566322
--	---------------------------------

QuickZoom to 199A Summary ▶ _____

Aggregation Code: _____

Trade or Business: 1120S, Line 21
EIN: 26-0566322

Is this activity a qualified trade/business? Yes No
Specified Service Trade or Business? Yes No

QBI or qualified PTP items subject to shareholder-specific determinations:

1 a Ordinary business income (loss)	1 a	57,254.		
b Adjustments	b			
c Adjusted ordinary business income (loss)	1 c			57,254.
2 a Rental income (loss)	2 a			
b Adjustments	b			
c Adjusted rental income (loss)	2 c			
3 a Royalty income (loss)	3 a			
b Adjustments	b			
c Adjusted royalty income (loss)	3 c			
4 a Section 1231 gain (loss)	4 a			
b Adjustments	b			
c Adjusted section 1231 gain (loss)	4 c			
5 Other income (loss)	5			
6 a Section 179 deduction	6 a			
b Adjustments	b			
c Adjusted section 179 deduction	6 c			
7 Other deductions	7			
8 a W-2 wages	8 a	67,600.		
b Adjustments	b			
c Adjusted W-2 Wages	8 c			67,600.
9 a UBIA of qualified property	9 a	16,450.		
b Adjustments	b			
c Adjusted UBIA of qualified property	9 c			16,450.

Section 179 Carryover Detail for this Activity

Tentative Section 179 deduction from current year assets

**Part I: Prior Year Carryovers
by Year and Category**

- A** Before 2018
- B** 2018
- C** 2019
- D** 2020
- E** 2021
- F** 2022
- Total prior year carryovers to this year**

Section 179 Regular Tax	Section 179 QBI
	0.
0.	0.

**Part II: 179 Deduction Allowed
by Year and Category**

- Total 179 deduction allowed for this activity in current year**
- A** Amount allowed from 2023
- B** Amount allowed from before 2018
- C** Amount allowed from 2018
- D** Amount allowed from 2019
- E** Amount allowed from 2020
- F** Amount allowed from 2021
- G** Amount allowed from 2022

Section 179 Regular Tax	Section 179 QBI

**Part III: Total Carryforward to 2024
by Year and Category**

- A** Carryforward from 2023
- B** Carryforward from before 2018
- C** Carryforward from 2018
- D** Carryforward from 2019
- E** Carryforward from 2020
- F** Carryforward from 2021
- G** Carryforward from 2022
- Total carryforward to next year**

Section 179 Regular Tax	Section 179 QBI
	0.
0.	0.
0.	0.

Additional Information From 2023 US Form 1120S: Income Tax Return for S Corp**Form 1120S: S-Corporation Tax Return****Other Income****Continuation Statement**

Description	Amount
SALES TAX COMMISSION	360.
LOTTERY COMMISSION	42,901.
GASOLINE COMMISSION	63,627.
ATM COMMISSION	3,923.
TOBACCO REBATE	8,045.
AIR & VACUUM COMMISSION	1,808.
Total	120,664.

Form 1120S: S-Corporation Tax Return**Gross Sales****Itemization Statement**

Description	Amount
TAXABLE - SALES	834,059.
EXEMPT - SALES	188,162.
Total	1,022,221.

Form 1120S: S-Corporation Tax Return**Other Deductions****Continuation Statement**

Description	Amount
ACCOUNTING	5,000.
AMORTIZATION	9,576.
BANK CHARGES	801.
CLEANING	2,588.
EQUIPMENT RENT	27,102.
INSURANCE	22,986.
PERMITS AND FEES	2,113.
SUPPLIES	1,260.
TELEPHONE	2,715.
UTILITIES	28,660.
TRASH REMOVAL	3,750.
UTILITIES - WATER & SEWER	6,595.
TANK MONITOR	1,665.
POS FEE	3,630.
LAWN SERVICE	4,810.
PEST CONTROL	870.
INVENTORY COUNT	165.
ICE TEST	53.
Total	124,339.

Form 1120S: S-Corporation Tax Return**Sch L, 20(d)****Itemization Statement**

Description	Amount
-------------	--------

**Form 1120S: S-Corporation Tax Return
Sch L, 20(d)**

Itemization Statement

Description	Amount
SBA LOAN	91,925.
Total	91,925.

**Form 1120S: S-Corporation Tax Return -- Smart Worksheet
Payroll Taxes**

Itemization Statement

Description	Amount
FICA	5,171.
FUTA	168.
SUTA	28.
Total	5,367.

**Form 1120S: S-Corporation Tax Return -- Smart Worksheet
Other Misc Taxes**

Itemization Statement

Description	Amount
TANGIBLE TAX	1,214.
Total	1,214.



VALIDENTIAL

CERTIFIED COURSE-BY-COURSE FOREIGN ACADEMIC EVALUATION

Name: Homaira Binta Hossain
U.S. Equivalent: High School Diploma
U.S. GPA: 3.78

Date: June 19, 2023
Application ID: V-MHVC2X05

Purpose of Evaluation:	Continuing Education or Employment
Name of Awarding Institution:	The Board of Intermediate and Secondary Education, Comilla
Country:	Bangladesh
Admission Requirements:	Completed Primary Education
Program Type:	Secondary Education Program from a Regionally Accredited Institution
Graduation Year:	1993

Validential® follows AACRAO evaluation guidelines, and utilizes publicly available information provided by NACES® member World Education Services and AICE® member Scholaro to determine academic equivalence. Validential is a member of The Association for International Credential Evaluation Professionals (TAICEP), the National Association of Graduate Admissions Professionals (NAGAP), the European Association for International Education (EAIE), and the Association of International Educators (NAFSA).

EVALUATION SUMMARY

The documents listed herein have been reviewed and evaluated to U.S. standards, and we hereby certify that, in our best judgment:

Homaira Binta Hossain
holds the U.S. equivalent of a
High School Diploma

awarded by Regionally Accredited Secondary Schools in the United States.

Attested to by:

Diana Bacani
Evaluation Operations Manager
Validential Corp.



CERTIFIED COURSE-BY-COURSE FOREIGN ACADEMIC EVALUATION

THIS CERTIFICATION reflects our best judgement as a professional and independent foreign academic evaluation agency, pursuant to the requirements of the United States Citizenship and Immigration Services ("USCIS") of the United States Dep. of Homeland Security. Past academic evaluations have been accepted regularly by USCIS and various US educational institutions. Evaluations are based upon a deep understanding of varying educational systems around the world, ongoing research and training, and comprehensive academic evaluation experience. Our reports are advisory and not binding to any receiving entity. Our opinion is produced in accordance with best practices as promulgated by AACRAO, NAFSA, TAICEP, NAGAP and EAIE, and as adopted by our agency.

AUTHENTICITY OF CREDENTIALS: This evaluation is based on original authenticated documents and/or copies of original documents provided to us by our client and represented to be authentic and true copies of the original documents. We have no reason to doubt the authenticity and accuracy of these documents.

AUTHENTICITY OF THIS CERTIFICATION can be confirmed by contacting Validental at support@validental.com.

THIS EVALUATION is based on the following documents:

Certificate/Diploma Issued By: The Controller of Examinations of the Board of Intermediate and Secondary Education, Comilla

Issue Date: October 2, 1993

Transcripts/Grades Issued By: The Controller of Examinations of the Board of Intermediate and Secondary Education, Comilla

Issue Date: February 12, 2008

CERTIFIED COURSE-BY-COURSE FOREIGN ACADEMIC EVALUATION

ACADEMIC TRANSCRIPTS (including grades converted to U.S. equivalents)

##	Course Title	Original Grade	U.S. Grade	Grade Points
Higher Secondary Certificate Examination				
Compulsory Subjects				
1	Paper I - Bengali	57	B	3.00
2	Paper II - Bengali	62	A-	3.67
3	Paper I - English	63	A-	3.67
4	Paper II - English	54	B	3.00
Elective Subjects				
5	Paper I - Math	89	A	4.00
6	Paper II - Math	74	A	4.00
7	Paper I - Physics (Theory and Practical)	84	A	4.00
8	Paper II - Physics (Theory and Practical)	83	A	4.00
9	Paper I - Chemistry (Theory and Practical)	72	A	4.00
10	Paper II - Chemistry (Theory and Practical)	80	A	4.00
4th Optional Subject				
11	Paper I - Biology (Theory and Practical)	75	A	4.00
12	Paper II - Biology (Theory and Practical)	76	A	4.00

CERTIFIED COURSE-BY-COURSE FOREIGN ACADEMIC EVALUATION

EVALUATION NOTES

GRADES/QUALITY POINTS are converted to the U.S. letter grades based on the 4.00 system as follows:

Original Grade	Grade	Grade Points
80-100	A	4.00
70-79.99	A	4.00
60-69.99	A-	3.67
50-59.99	B	3.00
40-49.99	C	2.00
33-39.99	D	1.00
0-32.99	F	0.00

'Pass' is not included in the cumulative GPA.

GRADE POINT AVERAGE (GPA) is calculated by multiplying the credits per course by the quality points for the grade for that course, repeating this procedure for each course, totaling the credit hour quality points thus obtained, and dividing by the total number of credits.

LEVELS OF EDUCATION: Kindergarten (K); Elementary School (ES); Junior High School (JHS); Senior High School (HS); Undergraduate Education - Lower Division (L), Upper Division (U); Post-baccalaureate Education (P), Graduate Education (G), Doctoral Education (D); Vocational Education (V) and Professional Training (PT).

REGIONAL ACCREDITATION is the process by which an educational institution receives official degree-granting authority that merits the reciprocal recognition of diplomas, degrees, degree programs and individual courses by other educational institutions. Such authority is typically granted by a ministry of education. Unless noted otherwise, the degrees, programs and courses listed in this evaluation report were completed at the equivalent level of a regionally accredited educational institution within the United States.

CERTIFIED COURSE-BY-COURSE FOREIGN ACADEMIC EVALUATION

PROVIDED IN SUPPORT OF THE ATTACHED EVALUATION

EVALUATOR: Diana Bacani

EXPERIENCE: Senior Evaluation Analyst – 2017 to present

Perform evaluations of foreign credentials; assess foreign credentials and educational systems; provide expert opinion on comparative educational credentials; direct research on foreign universities and educational systems; provide analysis with respect to evaluation and education issues; assist clients with equivalency assessments; train credential analysts.

Junior Evaluation Analyst – 2015-2017

Perform evaluations of foreign credentials; assess foreign credentials and educational systems; conduct research on foreign educational credential equivalencies; provide analysis with respect to evaluation and education issues; assist clients with equivalency issues.

Trainee Evaluation Analyst – 2014

Conduct research on foreign educational credential equivalencies; provide analysis with respect to evaluation and education issues.

EDUCATION: Philippine School of Business Administration, Quezon City 1999-2003

Bachelor of Science in Business Administration, major in Management Information Systems

REFERENCES:

1. Country Resources. NACES member *World Education Services (WES®)*. <https://applications.wes.org/country-resources/>.
2. GPA Calculator. AICE member *Scholaro®*. <https://www.scholaro.com/gpa-calculator/>.
3. *The AACRAO International Guide. A Resource for International Education Professionals*. American Association of Collegiate Registrars and Admissions Officers/AACRAO, 2016. Print.
4. International Association of Universities (2006). *World List of Universities and Other Institutions of Higher Education 25th ed.* Basingstoke; New York: Palgrave Macmillan.
5. International Education Research Foundation (2004). *The New Country Index; Making Sense of International Credentials* Vol. 1. Berkeley, CA: Ten Speed Press.

ORGANIZATIONAL MEMBERSHIPS:

Member – *Association of International Educators (NAFSA)*

Member – *European Association for International Education (EAIE)*

Associate Member – *National Association of Graduate Admissions Professionals (NAGAP)*

Organizational Member – *The Assoc. for International Credential Evaluation Professionals (TAICEP)*

**BOARD OF INTERMEDIATE AND SECONDARY EDUCATION, COMILLA
BANGLADESH.**

Serial No. HS 43627



Registration No. 19565 1991-92

HIGHER SECONDARY CERTIFICATE EXAMINATION, 1993

Science Group.

This is to certify that Homaira Binta Hossain
son/daughter of S. M. Masud Hossain
of Chittagong College bearing Roll Chit-1
No. Ch. 58460 duly passed the Higher Secondary Certificate
Examination held in the month of June 1993,
He/She was placed in the First Division.

Comilla
Date of Publication
of results, the 2nd Oct 1993

Written by [Signature]
Compared by [Signature]

[Signature]
Controller of Examinations.

Note-This certificate is issued without any alteration or erasure.

VERIFIED AND FOUND CORRECT

10/3/19



DR. MD. ASHAUZZAMAN
Controller of Examinations
Board of Intermediate & Secondary Education, Comilla

11/3/19

DR. MD. SHAFIQU L ISLAM
Deputy Controller of Examinations
Board of Intermediate & Secondary Education, Comilla

11/3/19

Attested
24 MAR 2019
Golam Mohammad Faruk
Research Officer
Secondary and Higher Education Division
Ministry of Education
Govt. of the People's Republic of Bangladesh

The seal & signature of the attester
is hereby attested
01 APR 2019
Sheikh Marefat Torikul Islam
Assistant Secretary (Consular) /
Ministry of Foreign Affairs, Dhaka



This certifies that

Homaira Binta Hossain

has successfully completed the standards set forth as a

Certified Food Protection Manager

which is accredited by the American National Standards Institute (ANSI)
Certificate for Food Protection (CFP).



#9160

Certificate ID: 1675059546-120-54939

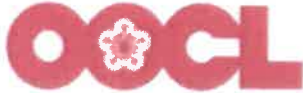
Issue Date: January 29, 2023

Exam Form: FSM0822A


Korey Chong
President

1 AAA Food Safety
(714) 592-4100
www.AAAFoodSafety.com

CERTIFICATE VALID FOR 5 YEARS AFTER ISSUE DATE. Please check with local and state requirements as expiration dates may differ. This certificate may not be transferred, altered or changed.



We take it personally

August 20, 2015

TO WHOM IT MAY CONCERN

This is to certify that Mrs. Homaira Binta Hossain worked in our company as a full-time employee from January 01,2013 to August 19,2015 in the position of Senior Executive, Inbound Documentation.

Her Duties were: Calculation of Detention & Demurrage charges for each inbound shipment, follow up with customer for undelivered shipment and process bad debt write-off application for abandoned cargo, identify the commodities of each shipment & submit the import general manifest to Customs authority accordingly.

We found Homaira extremely resourceful during her tenure at Continental Traders (BD) Ltd. as agent of OOCL, Hong Kong. She was competent & a good team member besides being a hard worker. We wish her all success in her future endeavors.

Yours Sincerely,
For, **Continental Traders (BD) Ltd**

Pingkal Saha

Deputy General Manager

Head of Human Resources & Administration

E: pingkal.saha@oocl.com | W: www.oocl.com

Tel: **Off:** 88-02222293969, 02222261247 **Ext:** 102; **Mob:** +88 01713-363264

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Phone :88-02222293969, 02222261247, 02222285961, 02222293973

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Phone:88-02333313920; 02333313921; 02333313859; 02333313858

Khulna office : City Palace (4th Floor), Flat No: 501, 16, Haji Mohsin Road, Khulna-9100. Phone: 041-721727, 722793, 721726, 731227

