

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91152 001 ***150.00
04-21-2003 91152 002 *****8.75

DOCUMENT # P01000099647

1. Entity Name
BOCA-DHAKA INTERNATIONAL, INC.



Principal Place of Business
**540 N.E. 46TH STREET
BOCA RATON FL 33431**

Mailing Address
**540 N.E. 46TH STREET
BOCA RATON FL 33431**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1145090**

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SIGALOS, GEORGE L. ESQ.
120 EAST PALMETTO PARK ROAD
SUITE 100
BOCA RATON FL 33432**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **MANSOOR, ISMAIL**
STREET ADDRESS **540 NE 46TH STREET**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TC** ☐ Delete
NAME **MANSOOR, FAWZIA**
STREET ADDRESS **540 NE 46TH STREET**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TC** ☐ Delete
NAME **KHIMANI, NASIM**
STREET ADDRESS **12011 ROYAL PALM BLVD**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TC** ☐ Delete
NAME **HAFAEEZ RAHMAN**
STREET ADDRESS **4305 CORAL SPRINGS DRIVE**
CITY-ST-ZIP **CORAL SPRING, FL 33065**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with a power like empowered.

SIGNATURE: **SIGNATURE REQUIRED MANSOOR**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/15/03

Date

561-416 2033

Daytime Phone #

CR2E034 (10/02)

Internal Revenue Service**Accounts Management Division I****Branch II - Teletin Unit****Stop 751****PO Box 47421****Chamblee, GA 30382****Phone 678-530-7234/7235****FAX 678-530-6156**

II PO 1000099649

Date: October 24, 2001

Employee Identification: 0716933153

TO:	ISMAIL MANSOOR	FAX:	561-347-2763
FROM:	Accounts Management Division I Teletin Unit	Pages:	1
Company Name	BOCA-DEAKA INTERNATIONAL INC	Employer ID #	65-1145090
Company Name		Employer ID #	
Company Name		Employer ID #	
Company Name		Employer ID #	
Company Name		Employer ID #	
Company Name		Employer ID #	
Company Name		Employer ID #	

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