

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90900 029 \*\*\*\*61.25

**DOCUMENT # 763000**

1. Entity Name

**BENGALI SOCIETY OF FLORIDA, INC.**

Principal Place of Business

**14 AUTUMN BREEZE WAY  
 WINTER PARK FL 32792  
 US**

Mailing Address

**14 AUTUMN BREEZE WAY  
 WINTER PARK FL 32792-3906  
 US**

2. Principal Place of Business

**1009 SWEETWATER BLVD. S.**

Suite, Apt. #, etc.

**SOUTH**

City & State  
**LONGWOOD, FL**

Zip  
**32779**

Country  
**USA**

3. Mailing Address

**1009 SWEETWATER BLVD. SOUTH**

Suite, Apt. #, etc.

**SOUTH**

City & State  
**LONGWOOD, FL**

Zip  
**32779**

Country  
**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-2345688**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CHAKVAVORTY, BIDYUT  
 14 AUTUMN BREEZE WAY  
 WINTER PARK FL 32492**

7. Name and Address of New Registered Agent

Name **RABINDRA N. BERA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1009 SWEETWATER BLVD. SOUTH**  
 City **LONGWOOD** FL Zip Code **32779**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE:

*[Signature]* / **RABINDRA N. BERA**

**4/27/00**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CHAKVAVORTY, BIDYUT 14 AUTUMN BREEZE WAY WINTER PARK FL 32792	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MUKERJI, MILAN 17815 GREEN WILLOW DR TAMPA FL 33647	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GUHA, RATAN-K 2901 LOLISSA LN MAITLAND FL 32751	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DEY, SUPRATIK 2808 CRANE TRACE CIR ORLANDO FL 32837	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SARBADHIKARY, SIDDHARTHA 72 GLADES CIR LARGO FL 33771	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SIDDARTHA, SEN 6373 CONROY RD #1905 ORLANDO FL 32835	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RABINDRA N. BERA 1009 SWEETWATER BLVD. SOUTH LONGWOOD, FL- 32779	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MADHABI BANERJI 23538 SIERRA DRIVE, P.O. Box 48 LAND-O-LAKES, FL- 34639	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KUNAL MITRA 6042 NEWBERRY CIRCLE MELBOURNE, FL- 32940	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MOHUA KAR 745 SOUTH LAKE CLAIRE CIRCLE OVIEDO, FL- 32765	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DEBARATI GHOSH 14535 BRUCE B. DOWNS BLVD. APT. 1528 TAMPA, FL- 33613	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

*[Signature]* / **RABINDRA N. BERA** **4/27/2000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

**(407) 523-5517**

CR2E037 (9/99)