2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002602 Apr 03, 2000 8:00 am Secretary of State 1. Entity Name SONALI EXCHANGE CO. INC 04-03-2000 90145 031 ***150.00 Mailing Address Principal Place of Business 211 EAST 43 STREET, STE 1503 211 EAST 43 STREET, STE 1503 NEW YORK NY 10017-4707 NEW YORK NY 10017 002020 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 13-3769294 Not Applicable Country-\$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BHUIYAN, MUSHARRAF H Street Address (P.O. Box Number is Not Acceptable) 1003 NORTH WEST 9TH AVE FT LAUDERDALE FL 33311 City Zip Code FL 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, 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition PCD ☐ Delete TITLE TITLE NAME BHUIYAN, MUSHARRAF H NAME STREET ADDRESS STREET ADDRESS 211 EAST 43 STREET CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY** ☐ Addition ☐ Delete TITLE NAME NAME KAMAL, AZAD STREET ADDRESS STREET ADDRESS 493 MCDONALD AVENUE 2ND FL CITY-ST-ZIP CITY-ST-7IP **BROOKLYN NY** ☐ Addition TITLE ☐ Delete M. ENAMUL HAQ CHOUGHURY NAME KHAN, MAHBUBUR NAME STREET ADDRESS STREET ADDRESS 211 EAST 43 STREET CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY** Addition Delete TITLE NAME rashid. Abdur K RANDLETT DR. STREET ADDRESS STREET ADDRESS 1003 NORTH WEST 9TH AVE CITY-ST-7IP CITY-ST-ZIP FT LAUDERDALE FL ☐ Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.