

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000006159

1. Entity Name

BANGLADESH THEATRE OF SOUTH FLORIDA INC.

Principal Place of Business

22084 BOCA PLACE DR. APT 1122  
BOCA RATON FL 33433

Mailing Address

22084 BOCA PLACE DR. APT 1122  
BOCA RATON FL 33433

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

WALEED, MOHAMMED  
22084 BOCA PLACE DR, APT 1122  
BOCA RATON FL 33433

4. FEI Number

65-1080755

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent

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.

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 \$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 PD  
NAME WALEED, MOHAMMED  
STREET ADDRESS 22084 BOCA PLACE DR, APT 1122  
CITY-ST-ZIP BOCA RATON FL 33433 ☐ Delete

TITLE SD  
NAME HOSSAIN, MOHAMMED MONIR  
STREET ADDRESS 2502 10TH AVE N, APT 204-B  
CITY-ST-ZIP LAKE WORTH FL 33461 ☐ Delete

TITLE D  
NAME ISLAM, MOHAMMAD S  
STREET ADDRESS 1500 N CONGRESS AVE #A20  
CITY-ST-ZIP WEST PALM BEACH FL 33401 ☐ Delete

TITLE D  
NAME HAIDER, IDRISH  
STREET ADDRESS 22084 BOCA PLACE DR, APT 1122  
CITY-ST-ZIP BOCA RATON FL 33433 ☐ Delete

TITLE D  
NAME KHAN, ABDUL MALIK  
STREET ADDRESS 7550 STERLING RD  
CITY-ST-ZIP HOLLYWOOD FL - 33024 ☐ Delete

TITLE D  
NAME HAROON, SYEED  
STREET ADDRESS 5204 BAYSIDE  
CITY-ST-ZIP GREEN ACRES FL 33463 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VPD  
NAME NAZMUL HUDA  
STREET ADDRESS 675, N, EAST TER #40  
CITY-ST-ZIP MIAMI FL-33179 ☐ Change ☒ Addition

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 27, 2001 8:00 am  
Secretary of State

04-27-2001 90362 023 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

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