## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED Apr 10, 2003 8:00 am Secretary of State

| BANGLADESH CULTURAL SOCIETY OF FLORIDA, INC.  Procopal Piace of Business  781 NE 27TH OR  80CA RATON R 3981  2. Principal Piace of Business  781 NE 27TH OR  80CA RATON R 3981  2. Principal Piace of Business  Solita, Apr. R. Sto.  City & State  City & Sta  | UNIF                          | OKW ROZINE                                | :55 KEPOK                        | (ARK)                                | _ : 50   | cretary of S                                     | otate               |  |
|---|-------------------------------|---|----------------------------------|--------------------------------------|--|--|---------------------|--|
| Principal Place of Business  28 Ne 27H GR  800A ANTON R 356R  29 Fine-pail Page of Business  30 Na April R 27H GR  800A ANTON R 356R  20 Country  20 C  | DOCUMENT 1. Entity Name       | NT # N02000                               | 005743                           |                                      | 0  | 3-24-2003 90198 014 ***                          | *61.25              |  |
| 281 NE 27TH OR BOCK ANTON R 13631  281 NE 27TH OR BOCK ANTON R 13631  281 NE 27TH OR BOCK ANTON R 13631  29 COUNTY State  Cly & FL Zip Code  8. The above named and Andrews of New Registered Agent  Cly & FL Zip Code  8. The above named and y submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I are territis with, and accept the clybladens of ingistered agent.  Cly FL Zip Code  8. The above named and resily submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I are territis with, and accept the clybladens of ingistered agent.  Cly FL Now, refer to purpose and purpose agent and the supplicates  Cly FL Now, refer to purpose agent and the supplicates  Cly FL Now, refer to purpose agent and the supplicates  Cly FL Now, refer to purpose agent and the supplicates  Cly FL Now, refer to purpose agent and the supplicates  Cly FL Now, refer to purpose agent and the supplicates  Cly FL Now, refer to purpose agent and the supplicates  Cly FL Now, refer to purpose agent and the supplicates  Cly FL Now, refer to purpose agent and the supplicates  Cly FL Now, refer to purpose agent and the supplicates  Cly FL Now, refer to purpose agent and the supplicates  Cly FL Now, refer to purpose agent and the supplicates  Cly FL Now, refer to purpose agent and the supplicates  Cly FL Now, refe  | BANGLADESH (                  | CULTURAL SOCIETY O                        | F FLORIDA, INC.,                 |                                      |  |  |                     |  |
| BOCA RATION R. 23-01  2. Principal Piace of Business  Sulte, April 1, otc.  City & State  City & FL City City City City City City City City   |                               |   |                                  |                                      |  | 22024123   |                     |  |
| SUM, ADI R, RC.  Suite, ADI R.  Su  |                               | I.  |                                  |                                      | 1 #8 <b>8</b> (2) <b>6</b> 1 <b>1</b> 114 <b>18</b> (1 | rå iført 401se ådnit 402sk ådiri odler elske såe | H BLETA TIM CÊDI    |  |
| City & State  Country  Zip  Country  Zip  Country  Zip  Country  S. Certificate of Status Desired  Set 75 Additional  For Projectable  Set 75 Additional  For Projectable  Trustian  RAHMAN, ATIQUER  RAHMAN, ATIQUER  ROCA RATION R. 38431  City  FL   | 2. Principal Place of         | dusiness                                  | 3. Mailing Address               |                                      |  |  |                     |  |
| Zo Country  | Suite, Apt. #, etc.           |   | Suite, Apt. #, etc.              | <del></del>                          |  | HECK HERE IF MAKING CHANG                        | ES                  |  |
| S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Addres  | City & State                  |   | City & State                     | ·                                    |  | 7557   |                     |  |
| RAHMAN, ATIQUER 2761 NE 27H OR BOCA RATON R. 33431  City  FL  Zip Code  8. The above named entity submits his statement for the purpose of changing its registered agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of Florida State of Florida. I am lamillar with, and accept the obligations of registered agent, or both, in the State of Florida State of Florida. I am lamillar with, and accept the obligations of Florida State of Florida. I am lamillar with, and accept the obligations of Florida State of Florida. I am lamillar with, and accept the obligations of Florida State of   | Zip                           | Country                                   | Zip                              | Country                              | 5. Certificate of Sta                                  | tus Desired S8.75                                | Additional<br>uired |  |
| RAHMAN, ATIOLER 2781 NE 27TH CR BOCA RATON FL 33431  City FL Zip Code  6. The above named entry submits this statement for the purpose of changing its registared office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Synature, pield in protect agent and link is approache.  FILE NOW: FEE IS \$61.25  PLE HOW: FEE IS \$61.25  Beliection Commpalign Financing Trust Fund Fund Fund Fund Fund Fund Fund Fund   | - 6. <u>N</u>                 | ame and Address of Current                | Registered Agent                 | Name                                 | 7. Name and Addr                                       | ess of New Registered Agent                      |                     |  |
| 278 IN E 27TH CIR  BOCA RATION FI 33431  City  City  FL  Zip Code  5. The above named entity submits this sistement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOW: FEE IS \$61.25  Director  OFFICENS AND DIRECTORS  Trust Funo Contribution.  Trust Funo Contribution.  Trust Funo Contribution.  Added to Fees  Added to Fees  Florida Department of State  Florida Depa | - PAHNAN ATIO                 | ER >                                      |                                  |                                      |  |  |                     |  |
| 6. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature   | 2781 NE 27TH (                | AK ·                                      |                                  | Street Address                       | 3 (P.O. Box Number is N                                | ot Acceptable)                                   |                     |  |
| THE NOW: FEE IS \$61.25    OFFICENS AND DIRECTORS   11.   ADDITIONS/CHANGES TO OFFICENS AND DIRECTORS IN 10   Change   Addition   Addi | 555,777,017                   |   |                                  | City                                 |  | FL Zip C   | ode                 |  |
| FILE NOW: FEE IS \$61.25    Control   |                               |   | r the purpose of changing its    | registered office or regist          | ered agent, or both, in the                            | ne State of Florida. I am familiar wi            | th, and accept      |  |
| FILE NOW: FEE IS \$61.25    Control   | •                             |   |                                  |                                      |  |  |                     |  |
| Trust Fund Contribution.   Addid to Fees   Florida Department of State    Trust Fund Contribution.   Addid to Fees   Florida Department of State    Trust Fund Contribution.   Addid to Fees   Florida Department of State    Trust Fund Contribution.   Addid to Fees   Florida Department of State    Trust Fund Contribution.   Addid to Fees   Florida Department of State    Trust Fund Contribution.   Addid to Fees   Florida Department of State    Trust Fund Contribution.   Addid to Fees   Florida Department of State    Trust Fund Contribution.   Addid to Fees   Florida Department of State    Trust Fund Contribution.   Addid to Fees   Florida Department of State    Trust Fund Contribution.   Addid to Fees   Florida Department of State    Trust Fund Contribution.   Addid to Fees   Florida Department of State    Trust Fund Contribution.   Addid to Fees   Florida Department of State    Trust Fund Contribution.   Addid to Fees   Florida Department of State    Trust Fund Contribution.   Addition    Trust Fund Contribution   Addition    Trust Fu  |                               | typed or printed name of registered agent | and title if applicable. (NOT    | E: Registered Agent eignature requir | red when reinstating)                                  | DATE   |                     |  |
| THE President Director   Delete   ITTLE     Change   Addition   MAKE ATTOURS   ATTOURS   ATTOURS   ATTOURS   ATTOURS   MAKE ATTOURS   ATTOURS   ATTOURS   MAKE ADORS   ATTOURS   ATTOURS   MAKE ADORS   MAKE ADORS   ATTOURS   MAKE ADORS   MAKE AD  | FILE N                        | OW: FEE IS \$61.25                        | 1                                |                                      |  |  |                     |  |
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| CITY-ST-ZIP  TITLE  DLYCLOV  MONDAMAD S. KNON  STREET ADDRESS   | NAME A-9                      | TOUER RAHM                                | anl                              | 1 T                                  |  |  |                     |  |
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| MAKE STREET ADDRESS S  | тить ОУХ                      |   |                                  | TITLE                                | <u> </u>   | ☐ Chang  | e 🔲 Addition        |  |
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| AME STREET ADDRESS STAGE BOYNTON PLACE CIR STREET ADDRESS STREET A  |                               | I _                                       |                                  |                                      |  | Chang  | P                   |  |
| STREET ADDRESS STATE BOYNTON BEACH FL 33 43 7  STREET ADDRESS STRE  | NAME                          | -14                                       | 20001                            |                                      |  |  |                     |  |
| TITLE  IAME  JUNAID AKTHER  JUNAID AKTHER  STREET ADDRESS  STRY-ST-ZIP  TITLE  DIRECTOR  Delete  TITLE  NAME  STREET ADDRESS  STRY-ST-ZIP  TITLE  DIRECTOR  Delete  TITLE  NAME  STREET ADDRESS  STREET ADDRES  | STREET ADDRESS                | 1 DOCTAVAD VI                             | LACE CIL                         |                                      |  |  |                     |  |
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| TITLE   DR ECTOR   Delete   TITLE   Change   Addition   NAME   Shown G Khow   NAME   STREET ADDRESS   STREET ADDRESS   CITY-ST-ZIP   TITLE   Delete   TITLE   Change   Addition   NAME   NAME   NAME   NAME   STREET ADDRESS   STREET ADDRESS   STREET ADDRESS   STREET ADDRESS   CITY-ST-ZIP   TO CHANGE   Addition   NAME   STREET ADDRESS   STREET ADDRESS   CITY-ST-ZIP   TO CHANGE   Addition   NAME   STREET ADDRESS   S  | STREET ADDRESS 302            | 0 JOG (DOAN).                             | Graen Acres<br>63                |                                      |  |  |                     |  |
| STREET ADDRESS CITY-ST-ZIP  FILE LAME LAME STREET ADDRESS CITY-ST-ZIP  FILE LAME LAME 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   | JILTE   D / (                 | えどくてのに                                    | ☐ Delete                         |                                      |  | ☐ Chang  | Addition            |  |
| ITV-ST-ZIP  ITLE  LAME  LAME  STREET ADDRESS  CITY-ST-ZIP  COLAL SPLINGS PL 33043  CITY-ST-ZIP  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   | NAME STREET ADDRESS 3         | min G Kho                                 | DR.                              | * '                                  |  |  | }                   |  |
| IFILE   Delete   TITLE   Change   Addition   NAME STREET ADDRESS   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  | CITY-ST-ZIP                   | L SPRINGS P                               | L 330L3                          |                                      |  |  |                     |  |
| STREET ADDRESS STREET ADDRESS CITY-ST-ZIP   | TIFLE                         | <del></del>                               | <del></del> _                    | TITLE                                |  | ☐ Change   | Addition            |  |
| CITY-ST-ZIP CITY-S  | NAME                          |   |                                  |                                      |  | _ ·  | -                   |  |
| 2. 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  | STREET ADDRESS<br>CITY-ST-ZIP |   |                                  | •                                    |  |  |                     |  |
|   | 12. I hereby certify that     | t the information supplied with           | this filing does not qualify for | the exemption stated in S            | ection 119.07(3)(i). Flori                             | da Statutes. I further certify that the          | information         |  |