

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90387 046 \*\*\*\*61.25

**DOCUMENT # N03000005176**

1. Entity Name

**BANGLADESH FOUNDATION OF FLORIDA, INC.**



Principal Place of Business

3961 FLORIDA AVE.  
PALM BEACH GARDENS FL 33410

Mailing Address

3961 FLORIDA AVE.  
PALM BEACH GARDENS FL 33410

2. Principal Place of Business - No P.O. Box #

2761 NE 27th Circle

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON

City & State

4. FEI Number

51-0472406

Applied For

Not Applicable

Zip

33431

Country

Palm Beach

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

KHAN, SHEMEEM G  
3961 FLORIDA AVE.  
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name **ATIQUER RAHMAN**

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

2761 NE 27th Circle

City **BOCA RATON**

**FL**

Zip Code  
**33431**

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

*Atiqur Rahman*

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**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **FAROOQUE, OMAR A**  
STREET ADDRESS **3961 FLORIDA AVE.**  
CITY-STATE-ZIP **PALM BEACH GARDENS FL 33410**

TITLE **D S** ☐ Delete  
NAME **UDDIN, MUZIB**  
STREET ADDRESS **3961 FLORIDA AVE.**  
CITY-STATE-ZIP **PALM BEACH GARDENS FL 33410**

TITLE **D** ☐ Delete  
NAME **KHAN, SHAHID**  
STREET ADDRESS **3961 FLORIDA AVE**  
CITY-STATE-ZIP **PALM BEACH GARDENS FL 33410**

TITLE **P D** ☐ Delete  
NAME **CHOWDHURY, M. AMIR A**  
STREET ADDRESS **3961 FLORIDA AVE.**  
CITY-STATE-ZIP **PALM BEACH GARDENS FL 33410**

TITLE **D** ☐ Delete  
NAME **MANJU, ALI NOOR**  
STREET ADDRESS **3961 FLORIDA AVE.**  
CITY-STATE-ZIP **PALM BEACH GARDENS FL 33410**

TITLE **D** ☐ Delete  
NAME **KHAN, SHAMEEM G**  
STREET ADDRESS **3961 FLORIDA AVE.**  
CITY-STATE-ZIP **PALM BEACH GARDENS FL 33410**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Change ☒ Addition  
NAME **ATIQUER RAHMAN**  
STREET ADDRESS **2761 NE 27th Circle**  
CITY-STATE-ZIP **BOCA RATON FL 33431**

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

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

*Atiqur Rahman*

4.18.07

954 818 2970