


FILE NOW: FILING FEE IS \$61.25

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|---|--|---|--|--|--|
| <b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>   |  |  |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |  |
| <b>DOCUMENT # N98000001830</b>  |  |   |  |  |  |
| 1. Corporation Name<br><b>BANGLADESH ASSOCIATION (PRABASHI) OF TALLAHASSEE, FLORIDA, INC.</b> |  |   |  |  |  |

FILED  
APR 29 PM 3:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



|   |                        |   |  |
|---|------------------------|---|--|
| Principal Place of Business<br>2633 ROBERTS AVE<br>TALLAHASSEE FL 32310 |                        | Mailing Address<br>2633 ROBERTS AVE<br>TALLAHASSEE FL 32310   |  |
| 2. Principal Place of Business  | 2a. Mailing Address    | 3. Date Incorporated or Qualified<br>03/30/1998   |  |
| 21 Suite, Apt. #, etc.  | 26 Suite, Apt. #, etc. | 4. FEI Number <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable                  |  |
| 22 City & State   | 27 City & State        | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                    |  |
| 23 Zip  | 28 Zip                 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |  |
| 24 Country  | 29 Country             | 30  |  |

|  |  |   |  |
|--|--|---|--|
| 9. Name and Address of Current Registered Agent<br><b>SAHA, BIDHAN C DR<br/>1013 SHALIMAR DRIVE<br/>TALLAHASSEE FL 32312</b> |  | 10. Name and Address of New Registered Agent          |  |
| 81 Name  |  | 82 Street Address (P.O. Box Number is Not Acceptable) |  |
| 83   |  | 84 City   |  |
| 85 Zip Code  |  | FL  |  |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

|  |                            |   |  |
|--|----------------------------|---|--|
| SIGNATURE  |                            | DATE  |  |
| Signature, typed or printed name of registered agent and title if applicable |                            | (NOTE: Registered Agent signature required when reinstating)      |  |
| 12. OFFICERS AND DIRECTORS   |                            |   |  |
| TITLE  | D                          | <input type="checkbox"/> DELETE                                   |  |
| NAME   | SAHA, BIDHAN C DR          |   |  |
| STREET ADDRESS   | 1013 SHALIMAR DRIVE        |   |  |
| CITY-ST-ZIP  | TALLAHASSEE FL 32312       |   |  |
| TITLE  | D                          | <input type="checkbox"/> DELETE                                   |  |
| NAME   | ISLAM, NAZRUL              |   |  |
| STREET ADDRESS   | 2633 ROBERTS AVE           |   |  |
| CITY-ST-ZIP  | TALLAHASSEE FL 32310       |   |  |
| TITLE  | D                          | <input checked="" type="checkbox"/> DELETE                        |  |
| NAME   | FERDOUS, ABU J DR          |   |  |
| STREET ADDRESS   | 410 VICTORIA GARDEN DR #63 |   |  |
| CITY-ST-ZIP  | TALLAHASSEE FL 32301       |   |  |
| TITLE  | Aziz, T. Dr                | <input type="checkbox"/> DELETE                                   |  |
| NAME   | 6232 Hiney Hill Cr         |   |  |
| STREET ADDRESS   | Tallahassee, FL 32312      |   |  |
| CITY-ST-ZIP  |                            |   |  |
| TITLE  |                            | <input type="checkbox"/> DELETE                                   |  |
| NAME   |                            |   |  |
| STREET ADDRESS   |                            |   |  |
| CITY-ST-ZIP  |                            |   |  |
| TITLE  |                            | <input type="checkbox"/> DELETE                                   |  |
| NAME   |                            |   |  |
| STREET ADDRESS   |                            |   |  |
| CITY-ST-ZIP  |                            |   |  |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                        |                            |   |  |
| 11 TITLE   |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| 12 NAME  |                            |   |  |
| 13 STREET ADDRESS  |                            |   |  |
| 14 CITY-ST-ZIP   |                            |   |  |
| 21 TITLE   |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| 22 NAME  |                            |   |  |
| 23 STREET ADDRESS  |                            |   |  |
| 24 CITY-ST-ZIP   |                            |   |  |
| 31 TITLE   |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| 32 NAME  |                            |   |  |
| 33 STREET ADDRESS  |                            |   |  |
| 34 CITY-ST-ZIP   |                            |   |  |
| 41 TITLE   |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| 42 NAME  |                            |   |  |
| 43 STREET ADDRESS  |                            |   |  |
| 44 CITY-ST-ZIP   |                            |   |  |
| 51 TITLE   |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| 52 NAME  |                            |   |  |
| 53 STREET ADDRESS  |                            |   |  |
| 54 CITY-ST-ZIP   |                            |   |  |
| 61 TITLE   |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| 62 NAME  |                            |   |  |
| 63 STREET ADDRESS  |                            |   |  |
| 64 CITY-ST-ZIP   |                            |   |  |

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 29, 99

Date

850-5762332

Daytime Phone #

CR2E037 (1/98)