

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 12, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90395 050 \*\*\*\*75.00

**DOCUMENT # N99000006503**

1. Entity Name

**BANGLADESH ASSOCIATION OF SOUTH FLORIDA, INC.**

Principal Place of Business

Mailing Address

10250 SLEEPY BROOKWAY  
 BOCA RATON FL 33428

10250 SLEEPY BROOKWAY  
 BOCA RATON FL 33428-5710

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RAHMAN, MOLLAH F**  
**10250 SLEEPY BROOKWAY**  
**BOCA RATON FL 33428**

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	<b>P &amp; D</b>	<input type="checkbox"/> Delete
NAME	<b>RAHMAN, MOLLAH F</b>	
STREET ADDRESS	<b>10250 SLEEPY BROOKWAY</b>	
CITY-ST-ZIP	<b>BOCA RATON FL-33428</b>	
TITLE	<b>V.P. &amp; D.</b>	<input type="checkbox"/> Delete
NAME	<b>AYUB KHAN, MOHAMMED</b>	
STREET ADDRESS	<b>39 E. TARA LAKE DR.</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH, FL-33436</b>	
TITLE	<b>D. &amp; G.S.</b>	<input type="checkbox"/> Delete
NAME	<b>RAHMAN, ATIQUAR</b>	
STREET ADDRESS	<b>2761 N.E. 27 CIR</b>	
CITY-ST-ZIP	<b>BOCA RATON, FL-33431</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>NANNU AHMED</b>	
STREET ADDRESS	<b>10148 BOYNTON BEACH</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH, FL-33437</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TALUKDER SALMA-R.</b>	
STREET ADDRESS	<b>10250 SLEEPY BROOKWAY</b>	
CITY-ST-ZIP	<b>BOCA RATON, FL-33428</b>	
TITLE	<b>D &amp; Cashier</b>	<input type="checkbox"/> Delete
NAME	<b>SAYED - G. MANROB</b>	
STREET ADDRESS	<b>1721 N.W. 2nd Street</b>	
CITY-ST-ZIP	<b>Boynton Beach, FL 33436</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 647, 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**07-06-01**

CR2E037 (9/99)