

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006503

1. Entity Name

BANGLADESH ASSOCIATION OF SOUTH FLORIDA, INC.

FILED

May 13, 2002 8:00 am
Secretary of State

05-13-2002 90071 025 ****75.00

Principal Place of Business

Mailing Address

10250 SLEEPY BROOKWAY
BOCA RATON FL 33428

10250 SLEEPY BROOKWAY
BOCA RATON FL 33428

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

NOT APPLICABLE

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

M. F. Rahman
Signature, typed or printed name of registered agent and title if applicable.

president/director
(NOTE: Registered Agent signature required when reinstating)

04-25-02
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME RAHMAN, MOLLAH F
STREET ADDRESS 10250 SLEEPY BROOKWAY
CITY-ST-ZIP BOCA RATON FL 33428 ☐ Delete

TITLE
NAME NADIM BHUIYAN ☐ Change ☐ Addition
STREET ADDRESS 7830 N.W. 23 Street
CITY-ST-ZIP DAVE FL 33024 Apt # 303

TITLE VPD
NAME AYUB KHAN, MOHAMMED
STREET ADDRESS 39 E. TARALAKE DR.
CITY-ST-ZIP BOYNTON BEACH FL 33436 ☐ Delete

TITLE
NAME D. THURGOOD ☐ Change ☐ Addition
STREET ADDRESS SAIED SYED MAHBOB-G
CITY-ST-ZIP 10250 SLEEPY BROOKWAY
BOCA RATON, FL- 33428

TITLE D
NAME NANNU, AHMED
STREET ADDRESS 10148 BOYNTON BEACH CR
CITY-ST-ZIP BOYNTON BEACH FL 33437 ☐ Delete

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

TITLE D
NAME TALUKDER, SALMA R
STREET ADDRESS 10250 SLEEPY BROOK WAY
CITY-ST-ZIP BOCA RATON FL 33428 ☐ Delete

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

TITLE DGS
NAME RAHMAN, ATIQUR
STREET ADDRESS 2701 N.E. 27 CIR.
CITY-ST-ZIP BOCA RATON FL 33431 ☐ Delete

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

TITLE D.G.S.
NAME RAHMAN SHAIKH M
STREET ADDRESS 1020 HONEWOOD BLVD
CITY-ST-ZIP DELRAY BEACH APT # 204
FL 33445 ☐ Delete

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 Rahman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-25-02
Date

561 732-1192
Daytime Phone #

CR2E037 (9/01)