

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

FILED
Jul 24, 2003 8:00 am
Secretary of State

07-24-2003 90113 007 ****70.00

0010903

DOCUMENT # N99000006503

1. Entity Name

BANGLADESH ASSOCIATION OF SOUTH FLORIDA, INC.



Principal Place of Business

**10250 SLEEPY BROOKWAY
BOCA RATON FL 33428**

Mailing Address

**10250 SLEEPY BROOKWAY
BOCA RATON FL 33428**

2. Principal Place of Business

10250 Sleepy Brookway

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boca Raton

City & State

Zip **FL 33428**

Country **P.B. FL**

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

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

M. F. Rahman

07-21-03

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 + \$8.75
After September 10, 2003, min will be \$236.25
paid by M/O # 3546-7

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	PD	<input type="checkbox"/> Delete
NAME	RAHMAN, MOLLAH F	
STREET ADDRESS	10250 SLEEPY BROOKWAY	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	AYUB KHAN, MOHAMMED	
STREET ADDRESS	39 E. TARALAKE DR.	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NANNU, AHMED	
STREET ADDRESS	10148 BOYNTON BEACH CR	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	D	<input type="checkbox"/> Delete
NAME	TALUKDER, SALMA R	
STREET ADDRESS	10250 SLEEPY BROOK WAY	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	DGS	<input type="checkbox"/> Delete
NAME	RAHMAN, SHAIKH M	
STREET ADDRESS	1020 HOMEWOOD BLVD, #204	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	D	<input type="checkbox"/> Delete
NAME	NADIM, BHUIYAN	
STREET ADDRESS	7830 NW 33 ST, #303	
CITY-ST-ZIP	DAVIE FL 33024	

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	
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 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:

M. F. Rahman president **07-21-03 561-870-7464**

CR2E037 (4/03)