

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT**

P0000060060

DOCUMENT #

1. Entity Name

P0000060060
RHYTHM OF SOUTH FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

FILED

02 AUG 29 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

16897 SW 51 ST.

Suite, Apt. #, etc.

3. Mailing Address

16897 SW 51 ST

Suite, Apt. #, etc.

City & State

MIRAMAR, FL

City & State

MIRAMAR, FL

Zip

33027

Country

USA

Zip

33027

Country

USA

4. FEI Number

65-1020379

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ABU CHOWDHURY

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

16897 SW 51 ST

City

MIRAMAR

FL

Zip Code

33027

**DO NOT WRITE
IN THIS SPACE**

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8/26/2002

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE *PDS*
NAME *ABU CHOWDHURY*
STREET ADDRESS *16897 SW 51 ST*
CITY-ST-ZIP *MIRAMAR, FL 33027*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300007627133--4
-09/10/02--01018--022
*****300.00 ****300.00*

TITLE
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CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/26/2002 954-432-8675

CR2E034B (12/01)



FROM :

FAX NO. :

May. 27 2002 02:01PM P1

P00000060060

ATTN - Buck
Division of Corporation
Tallahassee

8-30-02
ph-(305) 479-8160

I am the owner of Rhythm of South Fla Inc, and
Nogeen Corporation, I am writing a letter because
I have not received my account form for
Rhythm Inc 2001 & 2002. And also I did not
receive for 2002 Nogeen Corporation. So
please, if you can consider my loan
it will be very helpful because I have
changed my address. My address
will be 16897 SW 51 ST MIAMI
FLA - 33157. Thanks

ABRA C. [Signature]

BK

[Signature] - 6