

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90031 022 ***150.00

DOCUMENT # P04000014584	
1. Entity Name	
BETHUNE VILLAGE INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 835 DR. MARY MECLUDE, BETHUNE BL Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State DAYTONA, FL		City & State	
Zip 32114	Country USA	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 30-0228143		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name KHAN, RIPON	
Street Address (P.O. Box Number is Not Acceptable) 835 DR. MARY MECLUDE, BEHTUME BLVD.	
City DAYTONA BEACH	Zip Code 32114

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT KHAN, RIPON 835 DR. MARY MECLUDE, BEHTUME DAYTONA BEACH FL 32114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT SOHEL, ARIFUL 835 DR. MARY MECLUDE, BEHTUME DAYTONA BEACH FL 32114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY MORSHED, MOHAMMED 835 DR. MARY MECLUDE, BEHTUME DAYTONA BEACH FL 32114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER IMAM, OMAR 835 DR. MARY MECLUDE, BEHTUME DAYTONA BEACH FL 32114
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11.	
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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #