

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000017322

1. Entity Name

BOCA INTERNATIONAL INVESTMENT, INC.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90042 034 \*\*\*158.75

Principal Place of Business

1101 S. FEDERAL HIGHWAY  
BOCA RATON FL 33432

Mailing Address

1101 S. FEDERAL HIGHWAY  
BOCA RATON FL 33432-7335

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0567643

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MORSHED, MOHAMMAD F  
2230 SPRING HARBOR DR  
APT P  
DELRAY BEACH FL 33445

7. Name and Address of New Registered Agent

Name **MOHAMMAD . F. . MORSHED**

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

**2075 LINTON LAKES DRIVE  
APT # G**

City **DELRAY BEACH**

**FL**

Zip Code

**33445**

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

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

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	PD CHOWDAURY, KINIZ F 9602 FOX TROT LANE BOCA RATON FL 33496	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS MORSHED, MOHAMMED F 2230 SPRING HARBOR DR, APT P DELRAY BEACH FL 33445	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHOWDHURY, AZMAL G 9602 FOX TROT LANE BOCA RATON FL 33496	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition KANIZ F. CHOWDHURY 9602 FOX TROT LANE BOCA RATON, FL-33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT/SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MOHAMMAD F. MORSHED 2075 LINTON LAKES DR /APT# G DELRAY BEACH / FL- 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mohammed F. Morshed / MOHAMMAD . F. MORSHED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)