

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90307 021 ***158.75

A0061879

DOCUMENT # P95000017322

1. Entity Name
BOCA INTERNATIONAL INVESTMENT, INC

Principal Place of Business Mailing Address
1101 S. FEDERAL HIGHWAY 1101 S. FEDERAL HWY
BOCA RATON BOCA RATON
FL 33432 FL - 33432-7335

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country 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 7. Name and Address of New Registered Agent
MOHAMMAD F MORSHED Name
2075 LINTON LAKES DRIVE Street Address (P.O. Box Number is Not Acceptable)
APT # 4
DELRAY BEACH
FL - 33445 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **After MAY 1, 2001 Fee will be \$550.00**
 (See criteria on back) **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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PRESIDENT/DIRECTOR ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	KANIZ F CHOWDHURY		NAME		
STREET ADDRESS	9602 FOX TROT LANE		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON / FL - 33496		CITY-ST-ZIP		
TITLE	VICE PRESIDENT/SECRETARY ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	MOHAMMAD F. MORSHED		NAME		
STREET ADDRESS	2075 LINTON LAKES DR / APT # 4		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH / FL - 33445		CITY-ST-ZIP		
TITLE	TD ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	AZMAL G CHOWDHURY		NAME		
STREET ADDRESS	9602 FOX TROT LANE		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON / FL - 33496		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **Mohammad Fagley Morshed / MOHAMMAD F. MORSHED** / 4-18-01 / 447-0702
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)