

**PROFIT
CORPORATION
ANNUAL REPORT
1999**


FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 DEC 23 AM 10:34

 SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000108270

1. Corporation Name

Bangladesh Grocery, Inc

Principal Place of Business

Mailing Address

185 NE 154 St
Miami FL 33162185 NE 154 St
Miami FL 33162

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/30/98

2. Principal Place of Business

2a. Mailing Address

21 Same
Suite, Apt. #, etc.26 Same
Suite, Apt. #, etc.

4. FEI Number

☒ Applied For
☐ Not Applicable
5. Certificate of Status Desired ☐
\$8.75 Additional
Fee Required
6. Election Campaign Financing ☐
\$5.00 May Be
Added to Fees
Trust Fund Contribution ☐8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

 Sheldon Zipkin, Esq.
2020 NE 163 St. #300
North Miami Bch. FL 33162

81 Name

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

83

84 City

FL

85 Zip Code

 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered
agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

11/20/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

 TITLE ☐ DELETE
NAME President
STREET ADDRESS Mohammed Shorab Hossain
CITY-ST-ZIP 185 NE 154 St
Miami FL 33162

 1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☐ Change ☐ Addition
 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

 2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition
 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

 3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition
 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

 4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition
 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

 5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition
 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

 6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition
 14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.
SIGNATURE: Shorab Hossain

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/20/99

305-215-5167

Date

Daytime Phone #