

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000070240

1. Entity Name

BANGLADESH SOCIETY OF FLORIDA, INC.

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90056 011 \*\*\*150.00

Principal Place of Business

2761 NE 27TH CIR.  
BOCA RATON FL 33431

Mailing Address

2761 NE 27TH CIR.  
BOCA RATON FL 33431-7547

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0942828

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

RAHMAN, ATIQUER  
2761 NE 27TH CIR.  
BOCA RATON FL 33431

Name

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

NAME DIRECTOR PRESIDENT  
STREET ADDRESS SHAHID N. CHOWDHURY  
CITY-ST-ZIP 3228 NW 22ND AVE  
FT. LAUDERDALE, FL-33309

TITLE ☐ Delete

NAME DIRECTOR  
STREET ADDRESS SHAMEEM G. KHAN  
CITY-ST-ZIP 3070 MARTELLO DR  
CORAL SPRINGS, FL-33063

TITLE ☐ Delete

NAME DIRECTOR  
STREET ADDRESS MOHAMMED E HOQUE  
CITY-ST-ZIP 1400 NW 15 AVE #8  
BOCA RATON, FL-33486

TITLE ☐ Delete

NAME DIRECTOR  
STREET ADDRESS ATIQUER RAHMAN  
CITY-ST-ZIP 2761 NE 27 CIR.  
BOCA RATON, FL-33431

TITLE ☐ Delete

NAME DIRECTOR  
STREET ADDRESS RANA KHAN  
CITY-ST-ZIP 281 FORSYTH ST.  
BOCA RATON, FL-33498

TITLE ☐ Delete

NAME DIRECTOR  
STREET ADDRESS SHABIR W. RAHMAN  
CITY-ST-ZIP 22235 SW 62 CT.  
BOCA RATON, FL-33428

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.1900

Date

954-731-7638

Daytime Phone #

CR2E034 (9/99)