5/21

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2002 8:00 am
Secretary of State
05-21-2002 90889 033 ***150.00

DOCUMENT # P99000104343

1. Entity Name
RUPALI BANGLA OF PALM BEACH, INC.

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39381

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2. Principal Place of Business	3. Mailing Address
5594 DUCKWEED ROAD	5594 DUCKWEED ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAKE WORTH FL 33467	City & State: LAKE WORTH FL 33467
Zip: 33467 Country:	Zip: 33467 Country:

4. FEI Number: 65-0894292 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name: RICHARD L HEFFERNAN
Street Address (P.O. Box Number is Not Acceptable): 2911 EAST MAIN STREET
City: PAHOKEE FL Zip Code 33476

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 Richard L. Heffernan DATE 4-29-02
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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	D	TITLE	
NAME	MANFUZ, ABDUL W	NAME	
STREET ADDRESS	5594 DUCKWEED ROAD	STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33467	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: X Manfuz /Abdul W Manfuz 04-29-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #