

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000005568

Entity Name: MEER FOUNDATION (USBD) INC.**Current Principal Place of Business:**1400 SW 64TH WAY
BOCA RATON, FL 33428**Current Mailing Address:**BASMAH,PO BOX 272587
BOCA RATON, FL 33427 US**FEI Number: 82-1670588****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HOSSAIN, MEER S
1400 SW 64TH WAY
BOCA RATON, FL 33428 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P/D
Name	HOSSAIN, MEER S
Address	1400 SW 64TH WAY
City-State-Zip:	BOCA RATON FL 33428

Title	D/V/P
Name	IBRAHIM, HAFIZ
Address	13201 KLINGER ST,
City-State-Zip:	DETROIT MI 48212

Title	D/S
Name	MUQIM, ABDULLAH
Address	125 SUSET CT
City-State-Zip:	ROSWELL, GA 30075

Title	T/D
Name	HOSSAIN, MEER
Address	1400 SW 64TH WAY
City-State-Zip:	BOCA RATON FL 33428

Title	DIRECTOR
Name	HOSSAIN, MEER SAJIDA SAMIHA
Address	1400 SW 64TH WAY
City-State-Zip:	BOCA RATON FL 33428

Title	DIRECTOR
Name	ULLAH, DR.SHAFI
Address	1600 SOUTHWEST 100TH TERRACE,
City-State-Zip:	DAVIE FL 33324

Title	DIRECTOR
Name	HOWEEDY,MD, DR.AHMED A
Address	3616 NW 5TH TER
City-State-Zip:	BOCA RATON FL 33431

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MEER HOSSAIN**PRESIDENT****04/03/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date