

WesternUnion WU

WESTERN UNION FINANCIAL SERVICES INC. - ISSUER - Denver, Colorado

Payable at Wells Fargo Bank Grand Junction - Downtown, N.A., Grand Junction, Colorado

MONEY ORDER

Walmart

22-018326101

A 362382 D 030223
T 1712 102
220183261015 L 000721

\$ 370.00

PAY EXACTLY THREE HUNDRED SEVENTY DOLLARS AND NO CENTS

PAY TO THE ORDER OF

U.S. Department of Homeland Security

PURCHASER'S ADDRESS

PAYMENT FOR/ACCT. #

Homaira

PURCHASER'S SIGNATURE

PURCHASER BY SIGNING YOU AGREE TO THE TERMS ON THE REVERSE SIDE

⑆ 102 100400⑆ 40220 183261015⑈

WesternUnion WU

WESTERN UNION FINANCIAL SERVICES INC. - ISSUER - Denver, Colorado

Payable at Wells Fargo Bank Grand Junction - Downtown, N.A., Grand Junction, Colorado

MONEY ORDER

Walmart

22-018326103

A 362382 D 030223
T 1713 102
220183261033 L 000721

\$ 85.00

PAY EXACTLY EIGHTY-FIVE DOLLARS AND NO CENTS

PAY TO THE ORDER OF

U.S. Department of Homeland Security

PURCHASER'S ADDRESS

PAYMENT FOR/ACCT. #

Homaira

PURCHASER'S SIGNATURE

PURCHASER BY SIGNING YOU AGREE TO THE TERMS ON THE REVERSE SIDE

⑆ 102 100400⑆ 40220 183261033⑈

WesternUnion WU

WESTERN UNION FINANCIAL SERVICES INC. - ISSUER - Denver, Colorado

Payable at Wells Fargo Bank Grand Junction - Downtown, N.A., Grand Junction, Colorado

MONEY ORDER

Walmart

22-018326102

A 362382 D 030223
T 1713 102
220183261024 L 000721

\$ 85.00

PAY EXACTLY EIGHTY-FIVE DOLLARS AND NO CENTS

PAY TO THE ORDER OF

U.S. Department of Homeland Security

PURCHASER'S ADDRESS

PAYMENT FOR/ACCT. #

Homaira

PURCHASER'S SIGNATURE

PURCHASER BY SIGNING YOU AGREE TO THE TERMS ON THE REVERSE SIDE

⑆ 102 100400⑆ 40220 183261024⑈



**LAW OFFICE OF
SHAYNE EPSTEIN,
A DIVISION OF
THE EPSTEIN GROUP**

March 8, 2023

USCIS
Attn: I-539 (Box 660166)
2501 S State Hwy – 121 Business
Suite 400
Lewisville, TX 75067-8003

Re: Form I-539, Application to Extend/Change Nonimmigrant Status

Applicant: Homaira Binta HOSSAIN
Derivative Applicants: Wafi Bin HASSAN




Dear Madam or Sir:

Enclosed, please find the following documents we submit in connection with this application being filed by the Applicant:

1. Filing fees in the amount of \$370 as well as \$85 biometric fee for each applicant;
2. Form G-1145, e-Notification of Application/Petition Acceptance;
3. Form G-28, Notice of Entry of Appearance as Attorney, duly executed;
4. Form I-539, Application to Change Nonimmigrant Status, duly executed;
5. Forms I-539A, Supplemental Information for Application to Extend/Change Status, duly executed;
6. Copy of SEVIS I-901 Payment Confirmation;
7. Form I-20, Certificate of Eligibility for Nonimmigrant Student Status;
8. Copy of Applicant's Letter in Support, Passport, Visa and I-94;
9. Copy of Dependent's Passport, Visa, I-94;
10. Copy of Dependent's Birth Certificate;
11. Copy of Sponsor's Bank Statement and Driver License, evidencing the sponsor will be financially responsible for the Applicant during her requested time in the U.S.;
12. Copy of Applicant's utility bill evidencing her address in Bangladesh and ties to her home country; and
13. Copy of Documents evidencing tourism activities the Applicants has engaged in since their admission to the United States.

Should any further documents or information be needed to process this application, please do not hesitate to contact us.

Sincerely,

 USA (954) 781-1994 | (561) 344-5157
 2201 NW Corporate Blvd. Suite 108
Boca Raton, Florida 33431
 2295 NW Corporate Blvd. Suite 215
Boca Raton, Florida 33431

 @theepsteingroup
 /theepsteingroup
 info@theepsteingroup.org
 www.theepsteingroup.org



LAW OFFICE OF
SHAYNE EPSTEIN,
A DIVISION OF
THE EPSTEIN GROUP



Marina F. Veiga, Esq.

MV/pv



e-Notification of Application/Petition Acceptance

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form G-1145

What Is the Purpose of This Form?

Use this form to request an electronic notification (e-Notification) when U.S. Citizenship and Immigration Services accepts your immigration application. This service is available for applications filed at a USCIS Lockbox facility.

General Information

Complete the information below and clip this form to the first page of your application package. You will receive one e-mail and/or text message for each form you are filing.

We will send the e-Notification within 24 hours after we accept your application. Domestic customers will receive an e-mail and/or text message; overseas customers will only receive an e-mail. Undeliverable e-Notifications cannot be resent.

The e-mail or text message will display your receipt number and tell you how to get updated case status information. It will not include any personal information. The e-Notification does not grant any type of status or benefit; rather it is provided as a convenience to customers.

USCIS will also mail you a receipt notice (I-797C), which you will receive within 10 days after your application has been accepted; use this notice as proof of your pending application or petition.

USCIS Privacy Act Statement

AUTHORITIES: The information requested on this form is collected pursuant to section 103(a) of the Immigration and Nationality Act, as amended INA section 101, et seq.

PURPOSE: The primary purpose for providing the information on this form is to request an electronic notification when USCIS accepts immigration form. The information you provide will be used to send you a text and/or email message.

DISCLOSURE: The information you provide is voluntary. However, failure to provide the requested information may prevent USCIS from providing you a text and/or email message receipting your immigration form.

ROUTINE USES: The information provide on this form will be used by and disclosed to DHS personnel and contractors in accordance with approved routine uses, as described in the associated published system of records notices [DHS/USCIS-007 - Benefits Information System and DHS/USCIS-001 -Alien File \(A-File\) and Central Index System \(CIS\)](#), which can be found at www.dhs.gov/privacy. The information may also be made available, as appropriate, for law enforcement purposes or in the interest of national security.

Complete this form and clip it on top of the first page of your immigration form(s).

Applicant/Petitioner Full Last Name HOSSAIN	Applicant/Petitioner Full First Name Homaira Binta	Applicant/Petitioner Full Middle Name
Email Address infocgshomaira@gmail.com		Mobile Phone Number (Text Message) 239 245 4145



Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

DHS
Form G-28
OMB No. 1615-0105
Expires 05/31/2021

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)

Name of Attorney or Accredited Representative

2.a. Family Name (Last Name)
 2.b. Given Name (First Name)
 2.c. Middle Name

Address of Attorney or Accredited Representative

3.a. Street Number and Name
 3.b. Apt. Ste. Flr.
 3.c. City or Town
 3.d. State 3.e. ZIP Code
 3.f. Province
 3.g. Postal Code
 3.h. Country

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number
 5. Mobile Telephone Number (if any)
 6. Email Address (if any)
 7. Fax Number (if any)

Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all** applicable items.

1.a. I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information.**

Licensing Authority

1.b. Bar Number (if applicable)

1.c. I (select **only one** box) am not am subject to any order suspending, enjoining, restraining, disbaring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space provided in **Part 6. Additional Information** to provide an explanation.

1.d. Name of Law Firm or Organization (if applicable)

2.a. I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States and recognized by the Department of Justice in accordance with 8 CFR part 1292.

2.b. Name of Recognized Organization

2.c. Date of Accreditation (mm/dd/yyyy)

3. I am associated with , the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative for a limited purpose is at his or her request.

4.a. I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2).

4.b. Name of Law Student or Law Graduate



Part 3. Notice of Appearance as Attorney or Accredited Representative

If you need extra space to complete this section, use the space provided in **Part 6. Additional Information.**

This appearance relates to immigration matters before (select **only one** box):

- 1.a. U.S. Citizenship and Immigration Services (USCIS)
- 1.b. List the form numbers or specific matter in which appearance is entered.
- 2.a. U.S. Immigration and Customs Enforcement (ICE)
- 2.b. List the specific matter in which appearance is entered.
- 3.a. U.S. Customs and Border Protection (CBP)
- 3.b. List the specific matter in which appearance is entered.
- 4. Receipt Number (if any)
▶
- 5. I enter my appearance as an attorney or accredited representative at the request of the (select **only one** box):
 Applicant Petitioner Requestor
 Beneficiary/Derivative Respondent (ICE, CBP)

Information About Client (Applicant, Petitioner, Requestor, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)

- 6.a. Family Name (Last Name)
- 6.b. Given Name (First Name)
- 6.c. Middle Name
- 7.a. Name of Entity (if applicable)
- 7.b. Title of Authorized Signatory for Entity (if applicable)
- 8. Client's USCIS Online Account Number (if any)
▶
- 9. Client's Alien Registration Number (A-Number) (if any)
▶ A-

Client's Contact Information

- 10. Daytime Telephone Number
- 11. Mobile Telephone Number (if any)
- 12. Email Address (if any)

Mailing Address of Client

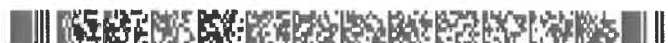
NOTE: Provide the client's mailing address. **Do not** provide the business mailing address of the attorney or accredited representative **unless** it serves as the safe mailing address on the application or petition being filed with this Form G-28.

- 13.a. Street Number and Name
- 13.b. Apt. Ste. Flr.
- 13.c. City or Town
- 13.d. State 13.e. ZIP Code
- 13.f. Province
- 13.g. Postal Code
- 13.h. Country

Part 4. Client's Consent to Representation and Signature

Consent to Representation and Release of Information

I have requested the representation of and consented to being represented by the attorney or accredited representative named in **Part 1.** of this form. According to the Privacy Act of 1974 and U.S. Department of Homeland Security (DHS) policy, I also consent to the disclosure to the named attorney or accredited representative of any records pertaining to me that appear in any system of records of USCIS, ICE, or CBP.



Part 4. Client's Consent to Representation and Signature (continued)

Options Regarding Receipt of USCIS Notices and Documents

USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.

If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select **all applicable** items below. You may change these elections through written notice to USCIS.

- 1.a. I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.
- 1.b. I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).
- NOTE:** If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select **Item Number 1.c.**
- 1.c. I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

Signature of Client or Authorized Signatory for an Entity

- 2.a. Signature of Client or Authorized Signatory for an Entity
→
- 2.b. Date of Signature (mm/dd/yyyy)

Part 5. Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before DHS. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

1. a. Signature of Attorney or Accredited Representative

- 1.b. Date of Signature (mm/dd/yyyy)

- 2.a. Signature of Law Student or Law Graduate

- 2.b. Date of Signature (mm/dd/yyyy)



Part 6. Additional Information

If you need extra space to provide any additional information within this form, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this form or attach a separate sheet of paper. Type or print your name at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a Family Name (Last Name)

1.b Given Name (First Name)

1.c Middle Name

2.a Page Number 2.b Part Number 2.c Item Number

2.d

3.a Page Number 3.b Part Number 3.c Item Number

3.d

4.a Page Number 4.b Part Number 4.c Item Number

4.d

5.a Page Number 5.b Part Number 5.c Item Number

5.d

6.a Page Number 6.b Part Number 6.c Item Number

6.d





Application to Extend/Change Nonimmigrant Status

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-539
OMB No. 1615-0003
Expires 12/31/2024

For USCIS Use Only		Fee Stamp		Action Block	
Returned					
Resubmitted					
Relocated	Received				
	Sent				
Remarks:	<input type="checkbox"/> Granted		<input type="checkbox"/> Denied		
	New Class _____		<input type="checkbox"/> Still within period of stay		
	Dates:	From / /	<input type="checkbox"/> S/D to: _____		
		To / /	<input type="checkbox"/> Place under docket control		<input type="checkbox"/> Applicant interviewed on _____

To be completed by an Attorney or Accredited Representative (if any).	<input checked="" type="checkbox"/> Select this box if Form G-28 is attached.	Attorney State Bar Number (if applicable) 125484	Attorney or Accredited Representative USCIS Online Account Number (if any) 0 4 2 2 4 3 5 9 4 9 9 7
---	---	---	---

▶ **START HERE - Type or print in black ink.**

Part 1. Information About You

Your Full Name

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. Alien Registration Number (A-Number) (if any)
▶ A-

3. USCIS Online Account Number (if any)
▶

U.S. Mailing Address

4.a. In Care Of Name (if any)

4.b. Street Number and Name

4.c. Apt. Ste. Flr.

4.d. City or Town

4.e. State 4.f. ZIP Code

U.S. Physical Address

5.a. Street Number and Name

5.b. Apt. Ste. Flr.

5.c. City or Town

5.d. State 5.e. ZIP Code

Other Information About You

6. Country of Birth

7. Country of Citizenship or Nationality

8. Date of Birth (mm/dd/yyyy)

9. U.S. Social Security Number (if any)

10. Date of Last Arrival Into the United States (mm/dd/yyyy)

Provide Information About Your Most Recent Entry Into the United States

11. Form I-94 Arrival-Departure Record Number
▶

12. Passport Number



Part 1. Information about You (continued)

13. Travel Document Number

14.a. Country of Passport or Travel Document Issuance

14.b. Passport or Travel Document Expiration Date (mm/dd/yyyy)

15.a. Current Nonimmigrant Status (e.g. F-1 student, H-4 dependent, etc.)

15.b. Expiration Date (mm/dd/yyyy)

16. Select this box if you were granted Duration of Status (D/S).

Part 2. Application Type

I am applying for (select **only one** box):

- 1. Reinstatement to student status.
- 2. An extension of stay in my current status.
- 3.a. A change of status.
- 3.b. New status and effective date of change (mm/dd/yyyy)
- 3.c. The change of status I am requesting is:

Number of people included in this application (select **only one** box):

- 4. I am the only applicant.
- 5.a. Members of my family are filing this application with me.
- 5.b. The total number of people (including me) in the application is: (Complete the supplement for each applicant.)

Part 3. Processing Information

1. I/We request that my/our current or requested status be extended until (mm/dd/yyyy):

2.a. Is this application based on an extension or change of status already granted to your spouse, child, or parent?
 Yes No

2.b. If you answered "Yes" to Item Number 2.a., provide USCIS Receipt Number.
▶

3.a. Is this application based on a separate petition or application to provide your spouse, child, or parent an extension or change of status?
 Yes, filed with this Form I-539. No
 Yes, filed previously and pending with U.S. Citizenship and Immigration Services (USCIS).

3.b. If pending with USCIS, provide USCIS Receipt Number.
▶

If the petition or application is pending with USCIS, also provide the following information:

4. First and Last Name of Petitioner or Applicant

5. Date Filed (mm/dd/yyyy)

Part 4. Additional Information About the Applicant

Provide Your Current Passport Information (if different from Part 1.)

1.a. Passport Number

1.b. Country of Passport Issuance

1.c. Passport Expiration Date (mm/dd/yyyy)

Physical Address Abroad

2.a. Street Number and Name

2.b. Apt. Ste. Flr.

2.c. City or Town

2.d. Province

2.e. Postal Code

2.f. Country

Answer the following questions. If you answer "Yes" to any of the questions in Item Numbers 3. - 15., use the space provided in Part 8. Additional Information to provide an explanation.



Part 4. Additional Information About the Applicant (continued)

- 3. Are you, or any other person included on the application, an applicant for an immigrant visa? Yes No
- 4. Has an immigrant petition **EVER** been filed for you or for any other person included in this application? Yes No
- 5. Has Form I-485, Application to Register Permanent Residence or Adjust Status, **EVER** been filed by you or by any other person included in this application? Yes No
- 6. Have you, or any other person included in this application, **EVER** been arrested or convicted of any criminal offense since last entering the United States? Yes No

Have you, or any other person included on the application, **EVER** ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:

- 7.a. Acts involving torture or genocide? Yes No
- 7.b. Killing any person? Yes No
- 7.c. Intentionally and severely injuring any person? Yes No
- 7.d. Engaging in any kind of sexual contact or relations with any person who did not consent or was unable to consent, or was being forced or threatened? Yes No
- 7.e. Limiting or denying any person's ability to exercise religious beliefs? Yes No

Have you, or any other person included on the application, **EVER**:

- 8.a. Served in, been a member of, assisted, or participated in any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerrilla group, militia, insurgent organization, or any other armed group? Yes No
- 8.b. Worked, volunteered, or otherwise served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons? Yes No
- 9. Have you, or any other person included in this application, **EVER** been a member of, assisted, or participated in any group, unit, or organization of any kind in which you or other persons used any type of weapon against any person or threatened to do so? Yes No

- 10. Have you, or any other person included in this application, **EVER** assisted or participated in selling, providing, or transporting weapons to any person who, to your knowledge, used them against another person? Yes No
- 11. Have you, or any other person included in this application, **EVER** received any type of military, paramilitary, or weapons training? Yes No
- 12. Have you, or any other person included in this application, done anything that violated the terms of the nonimmigrant status you now hold? Yes No
- 13. Are you, or any other person included in this application, now in removal proceedings? Yes No

If you answered "Yes" to **Item Number 13.**, provide the following information concerning the removal proceedings in the space provided in **Part 8. Additional Information**. Include the name of the person in removal proceedings and information on jurisdiction, date proceedings began, and status of proceedings.

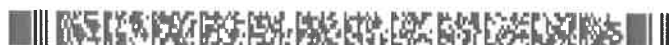
- 14. Have you, or any other person included in this application, been employed in the United States since last admitted or granted an extension or change of status? Yes No

If you answered "No" to **Item Number 14.**, fully describe how you are supporting yourself in **Part 8. Additional Information**. Include documentary evidence of the source, amount, and basis for any income.

If you answered "Yes" to **Item Number 14.**, fully describe the employment in **Part 8. Additional Information**. Include the name of the person employed, name and address of the employer, weekly income, and whether the employment was specifically authorized by USCIS.

- 15. Are you, or any other person included in this application, currently or have you ever been a J-1 exchange visitor or a J-2 dependent of a J-1 exchange visitor? Yes No

If you answered "Yes" to **Item Number 15.**, you must provide the dates you maintained status as a J-1 exchange visitor or J-2 dependent in **Part 8. Additional Information**.



Part 5. Applicant's Statement, Contact Information, Declaration, Certification and Signature

NOTE: Read the Penalties section of the Form I-539 Instructions before completing this section.

Applicant's Statement

NOTE: Select the box for either Item Number 1.a. or 1.b. If applicable, select the box for Item Number 2.

- 1.a. I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question.
- 1.b. The interpreter named in Part 6. read to me every question and instruction on this application and my answer to every question in , a language in which I am fluent, and I understood everything.
- 2. At my request, the preparer named in Part 7., , prepared this application for me based only upon information I provided or authorized.

Applicant's Contact Information

- 3. Applicant's Daytime Telephone Number
- 4. Applicant's Mobile Telephone Number (if any)
- 5. Applicant's Email Address (if any)

Applicant's Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I furthermore authorize release of information contained in this application, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

I understand that USCIS will require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, I will be required to sign an oath reaffirming that:

- 1) I reviewed and understood all of the information contained in, and submitted with, my application; and
- 2) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that all of the information in my application and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my application and that all of this information is complete, true, and correct.

Applicant's Signature

6.a. Applicant's Signature



6.b. Date of Signature (mm/dd/yyyy)

NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the Instructions, USCIS may deny your application.

Part 6. Interpreter's Contact Information, Statement, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

- 1.a. Interpreter's Family Name (Last Name)
- 1.b. Interpreter's Given Name (First Name)
- 2. Interpreter's Business or Organization Name (if any)



Part 6. Interpreter's Contact Information, Statement, Certification, and Signature
(continued)

Interpreter's Mailing Address

- 3.a. Street Number and Name
- 3.b. Apt. Ste. Flr.
- 3.c. City or Town
- 3.d. State 3.e. ZIP Code
- 3.f. Province
- 3.g. Postal Code
- 3.h. Country

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number
5. Interpreter's Mobile Telephone Number (if any)
6. Interpreter's Email Address (if any)

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and , which is the same language specified in **Part 5, Item Number 1.b.**, and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the application, including the **Applicant's Declaration and Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

- 7.a. Interpreter's Signature
- 7.b. Date of Signature (mm/dd/yyyy)

Part 7. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant

Provide the following information about the preparer.

Preparer's Full Name

- 1.a. Preparer's Family Name (Last Name)
Veiga
- 1.b. Preparer's Given Name (First Name)
Marina
2. Preparer's Business or Organization Name
Law Office of Shayne J. Epstein, P.A.

Preparer's Mailing Address

- 3.a. Street Number and Name
2295 NW Corporate Blvd
- 3.b. Apt. Ste. Flr.
215
- 3.c. City or Town
Boca Raton
- 3.d. State FL 3.e. ZIP Code
33431
- 3.f. Province
- 3.g. Postal Code
- 3.h. Country
United States

Preparer's Contact Information

4. Preparer's Daytime Telephone Number
954-781-1994
5. Preparer's Mobile Telephone Number (if any)
6. Preparer's Email Address (if any)
mveiga@theepsteingroup.org



Part 7. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant
(continued)

Preparer's Statement

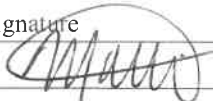
- 7.a. I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent.
- 7.b. I am an attorney or accredited representative and my representation of the applicant in this case extends does not extend beyond the preparation of this application.

NOTE: If you are an attorney or accredited representative, you may need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then reviewed this completed application and informed me that he or she understands all of the information contained in, and submitted with, his or her application, including the **Applicant's Declaration and Certification**, and that all of this information is complete, true, and correct. I completed this application based only on information that the applicant provided to me or authorized me to obtain or use.

Preparer's Signature

- 8.a. Preparer's Signature 
- 8.b. Date of Signature (mm/dd/yyyy)





Supplemental Information for Application to Extend/Change Nonimmigrant Status

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-539A
OMB No. 1615-0003
Expires 12/31/2024

To be completed by an attorney or BIA-accredited representative (if any).	<input checked="" type="checkbox"/> Select this box if Form G-28 is attached.	Attorney State Bar Number (if applicable) 125484	Attorney or Accredited Representative USCIS Online Account Number (if any) 0 4 2 2 4 3 5 9 4 9 9 7
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▶ **START HERE - Type or print in black ink.**

Part 1. Information About the Person Filing Form I-539

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

Part 2. Information About You

Attach to Form I-539 when more than one person is included in the Form I-539 application. List each person on a separate Form I-539A. Do not include the person named in Form I-539.

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. Date of Birth (mm/dd/yyyy)

3. Country of Birth

4. Country of Citizenship or Nationality

5. U.S. Social Security Number (if any) ▶

6. Alien Registration Number (A-Number) (if any) ▶ A-

7. Date of Arrival (mm/dd/yyyy)

Provide Information About Your Most Recent Entry Into the United States

8. Form I-94 Arrival-Departure Record Number ▶

9. Passport Number

10. Travel Document Number

11.a. Country of Passport or Travel Document Issuance

11.b. Passport or Travel Document Expiration Date (mm/dd/yyyy)

12.a. Current Nonimmigrant Status

12.b. Expiration Date (mm/dd/yyyy)

Provide Your Current Passport Information (if different from Item Number 9.)

13.a. Passport Number

13.b. Country of Passport Issuance

13.c. Passport Expiration Date (mm/dd/yyyy)

14. USCIS Online Account Number (if any) ▶

Part 3. Applicant's Statement, Contact Information, Declaration, Certification and Signature

NOTE: Read the **Penalties** section of the Form I-539 and Form I-539A Instructions before completing this section.

Applicant's Statement

NOTE: Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

1.a. I can read and understand English, and I have read and understand every question and instruction on this form and my answer to every question.

1.b. The interpreter named in **Part 4.** read to me every question and instruction on this form and my answer to every question in

,
a language in which I am fluent, and I understood everything.

2. At my request, the preparer named in **Part 5.**,
 ,
prepared this form for me based only upon information I provided or authorized.



Part 3. Applicant's Statement, Contact Information, Declaration, Certification and Signature (continued)

Applicant's Contact Information

- 3. Applicant's Daytime Telephone Number
239-410-4939
- 4. Applicant's Mobile Telephone Number (if any)
[]
- 5. Applicant's Email Address (if any)
infocgshomaira@gmail.com

Applicant's Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I furthermore authorize release of information contained in this form, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

I understand that USCIS will require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, I will be required to sign an oath reaffirming that:

- 1) I reviewed and understood all of the information contained in, and submitted with, my form; and
- 2) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that all of the information in my form and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my form and that all of this information is complete, true, and correct.

Applicant's Signature

- 6.a. Applicant's Signature
[Signature]
- 6.b. Date of Signature (mm/dd/yyyy) []

NOTE TO ALL APPLICANTS: If you do not completely fill out this form or fail to submit required documents listed in the Instructions, USCIS may deny the Form I-539 filed on your behalf.

Part 4. Interpreter's Contact Information, Statement, Certification, and Signature

Provide the following information about the interpreter you used to complete Form I-539A if he or she is different from the interpreter used to complete the Form I-539 filed on your behalf.

Interpreter's Full Name

- 1.a. Interpreter's Family Name (Last Name)
[]
- 1.b. Interpreter's Given Name (First Name)
[]
- 2. Interpreter's Business or Organization Name (if any)
[]

Interpreter's Mailing Address (USPS ZIP Code Lookup)

- 3.a. Street Number and Name []
- 3.b. Apt. Ste. Flr. []
- 3.c. City or Town []
- 3.d. State [] 3.e. ZIP Code []
- 3.f. Province []
- 3.g. Postal Code []
- 3.h. Country
[]

Interpreter's Contact Information

- 4. Interpreter's Daytime Telephone Number
[]
- 5. Interpreter's Mobile Telephone Number (if any)
[]
- 6. Interpreter's Email Address (if any)
[]

Interpreter's Certification

I certify, under penalty of perjury, that:
I am fluent in English and [],
which is the same language specified in Part 3., Item Number 1.b., and I have read to this applicant in the identified language every question and instruction on this form and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the form, including the **Applicant's Declaration and Certification**, and has verified the accuracy of every answer.



Part 4. Interpreter's Contact Information, Statement, Certification, and Signature
(continued)

Interpreter's Signature

- 7.a. Interpreter's Signature
[]
- 7.b. Date of Signature (mm/dd/yyyy) []

Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant

Provide the following information about the preparer you used to complete Form I-539A if he or she is different from the preparer used to complete the Form I-539 filed on your behalf.

Preparer's Full Name

- 1.a. Preparer's Family Name (Last Name)
[Veiga]
- 1.b. Preparer's Given Name (First Name)
[Marina]
2. Preparer's Business or Organization Name
[Law Office of Shayne J. Epstein, P.A.]

Preparer's Mailing Address

- 3.a. Street Number and Name [2295 NW Corporate Blvd]
- 3.b. Apt. Ste. Flr. [215]
- 3.c. City or Town [Boca Raton]
- 3.d. State [FL] 3.e. ZIP Code [33431]
- 3.f. Province []
- 3.g. Postal Code []
- 3.h. Country [United States]

Preparer's Contact Information

4. Preparer's Daytime Telephone Number
[954-781-1994]
5. Preparer's Mobile Telephone Number (if any)
[]
6. Preparer's Email Address (if any)
[mveiga@theepsteingroup.org]

Preparer's Statement


- 7.a. I am not an attorney or accredited representative but have prepared this form on behalf of the applicant and with the applicant's consent.
- 7.b. I am an attorney or accredited representative and my representation of the applicant in this case extends does not extend beyond the preparation of this form.

NOTE: If you are an attorney or accredited representative, you may need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this form.

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this form at the request of the applicant. The applicant then reviewed this completed form and informed me that he or she understands all of the information contained in, and submitted with, his or her form, including the **Applicant's Declaration and Certification**, and that all of this information is complete, true, and correct. I completed this form based only on information that the applicant provided to me or authorized me to obtain or use.

Preparer's Signature

- 8.a. Preparer's Signature
[]
- 8.b. Date of Signature (mm/dd/yyyy) [03/26/2023]



Student and Exchange Visitor Program: SEVIS I-901 Payment Confirmation

Please print the Payment Confirmation for your records. Reference the confirmation number CCC2313473111 on all inquiries related to your I-901 status. You may be required to produce your payment confirmation for your visa issuance, admission to any United States port of entry, for any change of non-immigrant status, or other United States immigration benefits.

When you go to the Consulate for your visa, you should bring your payment confirmation to prove you have paid the SEVIS fee. If you paid by credit card, this transaction will appear on your credit card bill as "US STUDENT & EV I901 FEE 800-375-5283 VT"

Department of Homeland Security

U.S. Immigration and Customs Enforcement

Notice of Action

UNITED STATES OF AMERICA	
CONFIRMATION NUMBER: CCC2313473111	CASE TYPE: I-901 Fee Remittance Form for F-1, F-3, M-1, M-3 and J-1 Non-Immigrants.
PAYMENT DATE: Feb 11, 2023	APPLICANT: HOMAIRA BINTA HOSSAIN
NAME AND ADDRESS: HOMAIRA BINTA HOSSAIN 1103 SE 16TH PLACE CAPE CORAL FL UNITED STATES 33990	NOTICE TYPE: Receipt Notice
	EMAIL ADDRESS: infogshomaira@gmail.com
HOMAIRA BINTA HOSSAIN	
Your Form I-901 Application and Fee have been received. Please notify us immediately if any of the above information is incorrect.	
This fee payment is valid only for your particular course of study or program. If you fall out of status, apply for a new F-1, F-3, M-1, M-3 or J-1 Non-immigrant visa, or if you want to change your Non-immigrant category to an F-1, F-3, M-1, M-3 or J-1, you may be required to pay another fee.	
APPLICANT STATUS: F-1, F-3, M-1, or M-3	
DATE OF BIRTH: Jan 11, 1976	
SCHOOL CODE: MIA214F01910.000	
AMOUNT RECEIVED: \$350.00	
SEVIS IDENTIFICATION NUMBER: N0033960693	
THIS ELECTRONIC RECEIPT SHALL BE USED AS EVIDENCE OF PAYMENT	
I-901 Student/Exchange Visitor Processing Fee P.O. Box 970020 St. Louis, MO 63197-0020 Customer Service Telephone 703-603-3400	

SEVIS ID: N0033960693

SURNAME/PRIMARY NAME Hossain	GIVEN NAME Homaira Binta	Class of Admission <h1 style="font-size: 2em;">F-1</h1> ACADEMIC AND LANGUAGE
PREFERRED NAME Homaira Binta Hossain	PASSPORT NAME Homaira Binta Hossain	
COUNTRY OF BIRTH BANGLADESH	COUNTRY OF CITIZENSHIP BANGLADESH	
CITY OF BIRTH Chattogram	DATE OF BIRTH 11 JANUARY 1976	
FORM ISSUE REASON CHANGE OF STATUS	ADMISSION NUMBER	

SCHOOL INFORMATION

SCHOOL NAME Uceda Uceda School of West Palm Beach	SCHOOL ADDRESS 3401 S. Congress Ave., Suite 201/202, Palm Springs, FL 33461
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Noelia Ortega Senior International Advisor/DSO	SCHOOL CODE AND APPROVAL DATE MIA214F01910000 14 JULY 2010

PROGRAM OF STUDY

EDUCATION LEVEL LANGUAGE TRAINING	MAJOR 1 Second Language Learning 32.0109	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Not Required	ENGLISH PROFICIENCY NOTES English Language Training is the course is study	EARLIEST ADMISSION DATE 11 FEBRUARY 2023
START OF CLASSES 13 MARCH 2023	PROGRAM START/END DATE 13 MARCH 2023 - 13 MARCH 2024	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 12 MONTHS		STUDENT'S FUNDING FOR: 12 MONTHS	
Tuition and Fees	\$ 6,000	Personal Funds	\$ 0
Living Expenses	\$ 6,000	Funds From This School	\$
Expenses of Dependents (1)	\$ 3,000	Sponsor	\$ 15,520
Books	\$ 520	On-Campus Employment	\$
TOTAL	\$ 15,520	TOTAL	\$ 15,520

REMARKS

SCHOOL ATTESTATION

I certify under penalty of perjury that all information provided above was entered before I signed this form and is true and correct. I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, or other records of courses taken and proof of financial responsibility, which were received at the school prior to the execution of this form. The school has determined that the above named student's qualifications meet all standards for admission to the school and the student will be required to pursue a full program of study as defined by 8 CFR 214.2(f)(6). I am a designated school official of the above named school and am authorized to issue this form.

SIGNATURE OF: Noelia Ortega, Senior International Advisor/DSO **DATE ISSUED:** 10 February 2023 **PLACE ISSUED:** Palm Springs, FL

STUDENT ATTESTATION

I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay. I certify that all information provided on this form refers specifically to me and is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United States temporarily, and solely for the purpose of pursuing a full program of study at the school named above. I also authorize the named school to release any information from my records needed by DHS pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status. Parent or guardian, and student, must sign if student is under 18.

SIGNATURE OF: Homaira Binta Hossain **DATE:** 02/13/23

NAME OF PARENT OR GUARDIAN: _____ **SIGNATURE:** _____ **ADDRESS (city/state or province/country):** _____ **DATE:** _____

SEVIS ID: N0033960693 (F-1)

NAME: Homaira Binta Hossain

EMPLOYMENT AUTHORIZATIONS

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CHANGE OF STATUS/CAP-GAP EXTENSION

--

AUTHORIZED REDUCED COURSE LOAD

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CURRENT SESSION DATES

CURRENT SESSION START DATE

CURRENT SESSION END DATE

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TRAVEL ENDORSEMENT

This page, when properly endorsed, may be used for re-entry of the student to attend the same school after a temporary absence from the United States. Each endorsement is valid for one year.

Designated School Official	TITLE	SIGNATURE	DATE ISSUED	PLACE ISSUED
		X		
		X		
		X		
		X		

INSTRUCTIONS TO STUDENTS

STUDENT ATTESTATION. You should read everything on this page carefully. Be sure that you understand the terms and conditions concerning your admission and stay in the United States as a nonimmigrant student before signing the student attestation on page 1 of the Form I-20 A-B. The law provides severe penalties for knowingly and willfully falsifying or concealing a material fact, or using any false document in the submission of this form.

FORM I-20. The Form I-20 (this form) is the primary document to show that you have been admitted to school in the United States and that you are authorized to apply for admission to the United States in F-1 class of admission. You must have your Form I-20 with you at all times. If you lose your Form I-20, you must request a new one from your designated school official (DSO) at the school named on your Form I-20.

VISA APPLICATION. You must give this Form I-20 to the U.S. consular officer at the time you apply for a visa (unless you are exempt from visa requirements). If you have a Form I-20 from more than one school, be sure to present the Form I-20 for the school you plan to attend. Your visa will include the name of that school, and you must attend that school upon entering the United States. You must also provide evidence of support for tuition and fees and living expenses while you are in the United States.

ADMISSION. When you enter the United States, you must present the following documents to the officer at the port of entry: 1) a Form I-20; 2) a valid F-1 visa (unless you are exempt from visa requirements); 3) a valid passport; and 4) evidence of support for tuition and fees and living expenses while you are in the United States. The agent should return all documents to you before you leave the inspection area.

REPORT TO SCHOOL NAMED ON YOUR FORM I-20 AND VISA. Upon your first entry to the United States, you must report to the DSO at the school named on your Form I-20 and your F-1 visa (unless you are exempt from visa requirements). If you decide to attend another school before you enter the United States, you must present a Form I-20 from the new school to a U.S. consular officer for a new F-1 visa that names the new school. Failure to enroll in the school, by the program start date on your Form I-20 may result in the loss of your student status and subject you to deportation.

EMPLOYMENT. Unlawful employment in the United States is a reason for terminating your F-1 status and deporting you from the United States. You may be employed on campus at your school. You may be employed off-campus in curricular practical training (CPT) if you have written permission from your DSO. You may apply to U.S. Citizenship and Immigration Services (USCIS) for off-campus employment authorization in three circumstances: 1) employment with an international organization; 2) severe and unexpected economic hardship; and 3) optional practical training (OPT) related to your degree. You must have written authorization from USCIS before you begin work. Contact your DSO for details. Your spouse or child (F-2 classification) may not work in the United States.

PERIOD OF STAY. You may remain in the United States while taking a full course of study or during authorized employment after your program. F-1 status ends and you are required to leave the United States on the earliest of the following dates: 1) the program end date on your Form I-20 plus 60 days; 2) the end date of your OPT plus 60 days; or 3) the termination of your program for any other reason. Contact your DSO for details.

EXTENSION OF PROGRAM. If you cannot complete the education program by the program end date on page 1 of your Form I-20, you should contact your DSO at least 15 days before the program end date to request an extension.

SCHOOL TRANSFER. To transfer schools, first notify the DSO at the school you are attending of your plan to transfer, then obtain a Form I-20 from the DSO at the school you plan to attend. Return the Form I-20 for the new school to the DSO at that school within 15 days after beginning attendance at the new school. The DSO will then report the transfer to the Department of Homeland Security (DHS). You must enroll in the new school at the next session start date. The DSO at the new school must update your registration in SEVIS.

NOTICE OF ADDRESS. When you arrive in the United States, you must report your U.S. address to your DSO. If you move, you must notify your DSO of your new address within 10 days of the change of address. The DSO will update SEVIS with your new address.

REENTRY. F-1 students may leave the United States and return within a period of five months. To return, you must have: 1) a valid passport; 2) a valid F-1 student visa (unless you are exempt from visa requirements); and 3) your Form I-20, page 2, properly endorsed for reentry by your DSO. If you have been out of the United States for more than five months, contact your DSO.

AUTHORIZATION TO RELEASE INFORMATION BY SCHOOL. DHS requires your school to provide DHS with your name, country of birth, current address, immigration status, and certain other information on a regular basis or upon request. Your signature on the Form I-20 authorizes the named school to release such information from your records.

PENALTY. To maintain your nonimmigrant student status, you must: 1) remain a full-time student at your authorized school; 2) engage only in authorized employment; and 3) keep your passport valid. Failure to comply with these regulations will result in the loss of your student status and subject you to deportation.

INSTRUCTIONS TO SCHOOLS

Failure to comply with 8 CFR 214.3(k) and 8 CFR 214.4 when issuing Forms I-20 will subject you and your school to criminal prosecution. If you issue this form improperly, provide false information, or fail to submit required reports, DHS may withdraw its certification of your school for attendance by nonimmigrant students.

ISSUANCE OF FORM I-20. DSOs may issue a Form I-20 for any nonimmigrant your school has accepted for a full course of study if that person: 1) plans to apply to enter the United States in F-1 status; 2) is in the United States as an F-1 nonimmigrant and plans to transfer to your school; or 3) is in the United States and will apply to change nonimmigrant status to F-1. DSOs may also issue the Form I-20 to the spouse or child (under the age of 21) of an F-1 student to use to enter or remain in the United States as an F-2 dependent. DSOs must sign where indicated at the bottom of page 1 of the Form I-20 to attest that the form is completed and issued in accordance with regulations.

ENDORSEMENT OF PAGE 2 FOR REENTRY. If there have been no substantive changes in information, DSOs may endorse page 2 of the Form I-20 for the student and/or the F-2 dependents to reenter the United States. If there have been substantive changes, the DSO should issue and sign a new Form I-20 that includes those changes.

RECORDKEEPING. DHS may request information concerning the student's immigration status for various reasons. DSOs should retain all evidence of academic ability and financial resources on which admission was based, until SEVIS shows the student's record completed or terminated.

AUTHORITY FOR COLLECTING INFORMATION. Authority for collecting the information on this and related student forms is contained in 8 U.S.C. 1101 and 1184. The Department of State and DHS use this information to determine eligibility for the benefits requested. The law provides severe penalties for knowingly and willfully falsifying or concealing a material fact, or using any false document in the submission of this form.

REPORTING BURDEN. U.S. Immigration and Customs Enforcement collects this information as part of its agency mission under the Department of Homeland Security. The estimated average time to review the instructions, search existing data sources, gather and maintain the needed data, and complete and review the collection of information is 30 minutes (.50 hours) per response. An agency may not conduct or sponsor, and a person is not required to respond to an information collection unless a form displays a currently valid OMB Control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Office of the Chief Information Officer/Forms Management Branch, U.S. Immigration and Customs Enforcement, 801 I Street NW Stop 5800, Washington, DC 20536-5800. Do not send the form to this address.

SEVIS ID: N0033960787

SURNAME/PRIMARY NAME Hassan	GIVEN NAME Wafi Bin	Class of Admission F-2 DEPENDENT
PREFERRED NAME Wafi Bin Hassan	PASSPORT NAME Wafi Bin Hassan	
COUNTRY OF BIRTH BANGLADESH	COUNTRY OF CITIZENSHIP BANGLADESH	
CITY OF BIRTH Chattogram	DATE OF BIRTH 06 NOVEMBER 2006	
RELATIONSHIP TO STUDENT CHILD	ADMISSION NUMBER	

STUDENT'S INFORMATION

STUDENT'S SURNAME/PRIMARY NAME Hossain	STUDENT'S GIVEN NAME Homaira Binta
STUDENT'S COUNTRY OF BIRTH BANGLADESH	STUDENT'S DATE OF BIRTH 11 JANUARY 1976
STUDENT'S COUNTRY OF CITIZENSHIP BANGLADESH	STUDENT'S ADMISSION NUMBER
STUDENT'S SEVIS ID: N0033960693	

STUDENT'S SCHOOL INFORMATION

SCHOOL NAME Uceda Uceda School of West Palm Beach	SCHOOL CODE AND APPROVAL DATE MIA214F01910000 14 JULY 2010
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STUDENT'S PROGRAM OF STUDY

EDUCATION LEVEL LANGUAGE TRAINING	MAJOR 1 Second Language Learning 32.0109	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Not Required	ENGLISH PROFICIENCY NOTES English Language Training is the course is study	EARLIEST ADMISSION DATE 11 FEBRUARY 2023
START OF CLASSES 13 MARCH 2023	PROGRAM START/END DATE 13 MARCH 2023 - 13 MARCH 2024	

STUDENT'S FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 12 MONTHS		STUDENT'S FUNDING FOR: 12 MONTHS	
Tuition and Fees	\$ 6,000	Personal Funds	\$ 0
Living Expenses	\$ 6,000	Funds From This School	\$
Expenses of Dependents (1)	\$ 3,000	Sponsor	\$ 15,520
Books	\$ 520	On-Campus Employment	\$
TOTAL	\$ 15,520	TOTAL	\$ 15,520

SCHOOL ATTESTATION

I certify under penalty of perjury that all information provided above was entered before I signed this form and is true and correct. I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, or other records of courses taken and proof of financial responsibility, which were received at the school prior to the execution of this form. The school has determined that the above named student's qualifications meet all standards for admission to the school and the student will be required to pursue a full program of study as defined by 8 CFR 214.2(f)(6). I am a designated school official of the above named school and am authorized to issue this form.

SIGNATURE OF: Noelia Ortega, Senior International Advisor DSO **DATE ISSUED** 10 February 2023 **PLACE ISSUED** Palm Springs, FL

STUDENT ATTESTATION

I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay. I certify that all information provided on this form refers specifically to me and is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United States temporarily, and solely for the purpose of pursuing a full program of study at the school named above. I also authorize the named school to release any information from my records needed by DHS pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status. Parent or guardian, and student, must sign if student is under 18.

SIGNATURE OF: Homaira Binta Hossain **DATE** 02/13/23

SIGNATURE *[Signature]* **DATE**

NAME OF PARENT OR GUARDIAN **SIGNATURE** **ADDRESS (city/state or province/country)** **DATE**

SEVIS ID: N0033960787 (F-2)
REMARKS FOR STUDENT

NAME: Wafi Bin Hassan

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STUDENT'S EMPLOYMENT AUTHORIZATIONS

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CHANGE OF STATUS/CAP-GAP EXTENSION

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STUDENT'S CURRENT SESSION DATES

CURRENT SESSION START DATE	CURRENT SESSION END DATE
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TRAVEL ENDORSEMENT

This page, when properly endorsed, may be used for re-entry of the dependent after a temporary absence from the United States. Each endorsement is valid for one year.

Designated School Official	TITLE	SIGNATURE	DATE ISSUED	PLACE ISSUED
		X		
		X		
		X		
		X		

INSTRUCTIONS TO STUDENTS

STUDENT ATTESTATION. You should read everything on this page carefully. Be sure that you understand the terms and conditions concerning your admission and stay in the United States as a nonimmigrant student before signing the student attestation on page 1 of the Form I-20 A-B. The law provides severe penalties for knowingly and willfully falsifying or concealing a material fact, or using any false document in the submission of this form.

FORM I-20. The Form I-20 (this form) is the primary document to show that you have been admitted to school in the United States and that you are authorized to apply for admission to the United States in F-1 class of admission. You must have your Form I-20 with you at all times. If you lose your Form I-20, you must request a new one from your designated school official (DSO) at the school named on your Form I-20.

VISA APPLICATION. You must give this Form I-20 to the U.S. consular officer at the time you apply for a visa (unless you are exempt from visa requirements). If you have a Form I-20 from more than one school, be sure to present the Form I-20 for the school you plan to attend. Your visa will include the name of that school, and you must attend that school upon entering the United States. You must also provide evidence of support for tuition and fees and living expenses while you are in the United States.

ADMISSION. When you enter the United States, you must present the following documents to the officer at the port of entry: 1) a Form I-20; 2) a valid F-1 visa (unless you are exempt from visa requirements); 3) a valid passport; and 4) evidence of support for tuition and fees and living expenses while you are in the United States. The agent should return all documents to you before you leave the inspection area.

REPORT TO SCHOOL NAMED ON YOUR FORM I-20 AND VISA. Upon your first entry to the United States, you must report to the DSO at the school named on your Form I-20 and your F-1 visa (unless you are exempt from visa requirements). If you decide to attend another school before you enter the United States, you must present a Form I-20 from the new school to a U.S. consular officer for a new F-1 visa that names the new school. Failure to enroll in the school, by the program start date on your Form I-20 may result in the loss of your student status and subject you to deportation.

EMPLOYMENT. Unlawful employment in the United States is a reason for terminating your F-1 status and deporting you from the United States. You may be employed on campus at your school. You may be employed off-campus in curricular practical training (CPT) if you have written permission from your DSO. You may apply to U.S. Citizenship and Immigration Services (USCIS) for off-campus employment authorization in three circumstances: 1) employment with an international organization; 2) severe and unexpected economic hardship; and 3) optional practical training (OPT) related to your degree. You must have written authorization from USCIS before you begin work. Contact your DSO for details. Your spouse or child (F-2 classification) may not work in the United States.

PERIOD OF STAY. You may remain in the United States while taking a full course of study or during authorized employment after your program. F-1 status ends and you are required to leave the United States on the earliest of the following dates: 1) the program end date on your Form I-20 plus 60 days; 2) the end date of your OPT plus 60 days; or 3) the termination of your program for any other reason. Contact your DSO for details.

EXTENSION OF PROGRAM. If you cannot complete the education program by the program end date on page 1 of your Form I-20, you should contact your DSO at least 15 days before the program end date to request an extension.

SCHOOL TRANSFER. To transfer schools, first notify the DSO at the school you are attending of your plan to transfer, then obtain a Form I-20 from the DSO at the school you plan to attend. Return the Form I-20 for the new school to the DSO at that school within 15 days after beginning attendance at the new school. The DSO will then report the transfer to the Department of Homeland Security (DHS). You must enroll in the new school at the next session start date. The DSO at the new school must update your registration in SEVIS.

NOTICE OF ADDRESS. When you arrive in the United States, you must report your U.S. address to your DSO. If you move, you must notify your DSO of your new address within 10 days of the change of address. The DSO will update SEVIS with your new address.

REENTRY. F-1 students may leave the United States and return within a period of five months. To return, you must have: 1) a valid passport; 2) a valid F-1 student visa (unless you are exempt from visa requirements); and 3) your Form I-20, page 2, properly endorsed for reentry by your DSO. If you have been out of the United States for more than five months, contact your DSO.

AUTHORIZATION TO RELEASE INFORMATION BY SCHOOL. DHS requires your school to provide DHS with your name, country of birth, current address, immigration status, and certain other information on a regular basis or upon request. Your signature on the Form I-20 authorizes the named school to release such information from your records.

PENALTY. To maintain your nonimmigrant student status, you must: 1) remain a full-time student at your authorized school; 2) engage only in authorized employment; and 3) keep your passport valid. Failure to comply with these regulations will result in the loss of your student status and subject you to deportation.

INSTRUCTIONS TO SCHOOLS

Failure to comply with 8 CFR 214.3(k) and 8 CFR 214.4 when issuing Forms I-20 will subject you and your school to criminal prosecution. If you issue this form improperly, provide false information, or fail to submit required reports, DHS may withdraw its certification of your school for attendance by nonimmigrant students.

ISSUANCE OF FORM I-20. DSOs may issue a Form I-20 for any nonimmigrant your school has accepted for a full course of study if that person: 1) plans to apply to enter the United States in F-1 status; 2) is in the United States as an F-1 nonimmigrant and plans to transfer to your school; or 3) is in the United States and will apply to change nonimmigrant status to F-1. DSOs may also issue the Form I-20 to the spouse or child (under the age of 21) of an F-1 student to use to enter or remain in the United States as an F-2 dependent. DSOs must sign where indicated at the bottom of page 1 of the Form I-20 to attest that the form is completed and issued in accordance with regulations.

ENDORSEMENT OF PAGE 2 FOR REENTRY. If there have been no substantive changes in information, DSOs may endorse page 2 of the Form I-20 for the student and/or the F-2 dependents to reenter the United States. If there have been substantive changes, the DSO should issue and sign a new Form I-20 that includes those changes.

RECORDKEEPING. DHS may request information concerning the student's immigration status for various reasons. DSOs should retain all evidence of academic ability and financial resources on which admission was based, until SEVIS shows the student's record completed or terminated.

AUTHORITY FOR COLLECTING INFORMATION. Authority for collecting the information on this and related student forms is contained in 8 U.S.C. 1101 and 1184. The Department of State and DHS use this information to determine eligibility for the benefits requested. The law provides severe penalties for knowingly and willfully falsifying or concealing a material fact, or using any false document in the submission of this form.

REPORTING BURDEN. U.S. Immigration and Customs Enforcement collects this information as part of its agency mission under the Department of Homeland Security. The estimated average time to review the instructions, search existing data sources, gather and maintain the needed data, and complete and review the collection of information is 30 minutes (.50 hours) per response. An agency may not conduct or sponsor, and a person is not required to respond to an information collection unless a form displays a currently valid OMB Control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Office of the Chief Information Officer/Forms Management Branch, U.S. Immigration and Customs Enforcement, 801 I Street NW Stop 5800, Washington, DC 20536-5800. Do not send the form to this address.

**HOMAIRA BINTA HOSSAIN
1103 SE 16th PLACE
CAPE CORAL – FL - 33990**

March 2, 2023

U.S. Citizenship & Immigration Services
Department of Homeland Security

Re: I-539 Change of Status

Dear Officer:

I am currently in the United States on a B-2 visa and I would like permission to change my visa status to F-1 student. I have demonstrated enough funds to support my stay while in this Country.

I would like to change status to F-1 in order to have the opportunity to gain additional knowledge in the English Language, which is possible under F-1 status but not under B-2 status. Please find my I-539 application, SEVIS Receipt of Payment, and other supporting materials along with this letter.

Thank you in advance for your consideration of this application. My attorney has helped me to write this letter.

Sincerely,

Homaira

Homaira Binta HOSSAIN



For: **HOMAIRA BINTA HOSSAIN**



U.S. Customs and Border Protection
Securing America's Borders

Most Recent I-94

Admission (I-94) Record Number : 100400026A3

Most Recent Date of Entry: 2022 October 28

Class of Admission : B2

Admit Until Date : 04/27/2023

Details provided on the I-94 Information form:

Last/Surname : HOSSAIN
First (Given) Name : HOMAIRA BINTA
Birth Date : 1976 January 11
Document Number : B00022427
Country of Citizenship : Bangladesh

[Get Travel History](#)

▶ Effective April 26, 2013, DHS began automating the admission process. An alien lawfully admitted or paroled into the U.S. is no longer required to be in possession of a preprinted Form I-94. A record of admission printed from the CBP website constitutes a lawful record of admission. See 8 CFR § 1.4(d).

▶ If an employer, local, state or federal agency requests admission information, present your admission (I-94) number along with any additional required documents requested by that employer or agency.

▶ Note: For security reasons, we recommend that you close your browser after you have finished retrieving your I-94 number.

OMB No. 1651-0111
Expiration Date: 11/30/2022

[For inquiries or questions regarding your I-94, please click here](#)

[Accessibility](#) | [Privacy Policy](#)



For: **WAFI BIN HASSAN**



U.S. Customs and Border Protection
Securing America's Borders

Most Recent I-94

Admission (I-94) Record Number : 100400686A3

Most Recent Date of Entry: 2022 October 28

Class of Admission : B2

Admit Until Date : 04/27/2023

Details provided on the I-94 Information form:

Last/Surname : HASSAN
First (Given) Name : WAFI BIN
Birth Date : 2006 November 06
Document Number : A00477765
Country of Citizenship : Bangladesh

[Get Travel History](#)

▶ Effective April 26, 2013, DHS began automating the admission process. An alien lawfully admitted or paroled into the U.S. is no longer required to be in possession of a preprinted Form I-94. A record of admission printed from the CBP website constitutes a lawful record of admission. See 8 CFR § 1.4(d).

▶ If an employer, local, state or federal agency requests admission information, present your admission (I-94) number along with any additional required documents requested by that employer or agency.

▶ Note: For security reasons, we recommend that you close your browser after you have finished retrieving your I-94 number.

OMB No. 1651-0111
Expiration Date: 11/30/2022

[For inquiries or questions regarding your I-94, please click here](#)

[Accessibility](#) | [Privacy Policy](#)

People's Republic of Bangladesh

Office of the Registrar of Birth and Death

Dhaka City Corporation

Dhaka Bangladesh

Birth Certificate

[Rule-9. of Birth and Death Registration (City Corporation) Rules, 2006]

(Extract from Birth Register)

Register No. 17

Date of Registration : 24/05/09
(dd mm yy)

Registration No. 0 8 3 7 1 3

Date of Issue : 24/05/09
(dd mm yy)

Personal Identification No. 2 0 0 6 3 0 9 0 9 1 7 0 8 3 7 1 3

Name : WAFI BIN HASSAN

Date of Birth (AD) (In digit) 06/11/2006
(dd mm yy)

Sex : Male Female

(In words) Six November Two thousand six

Place of Birth : Chittagong

Present Address : House-12, Road-11, Nikunjo-2, Khatkhate, Dhaka-1229

Ward No: 17 Zone No: 09 City Corporation : Dhaka Country : Bangladesh

Father's Name : A.K.M. ROBIUL HASSAN Nationality : Bangladesh

Mother's Name : HOMAIRA BINTA HOSSAIN Nationality : Bangladesh

Permanent Address : Vill-Brahmangram, P.O-Dhukuriabera, P.S-Belkuchi, Dist-Sirajgonj

(Signature and Name of Registrar with seal)

Seal of the Registrar's Office

Syed Saiful Alam
1103 SE 16th PL – Cape Coral – FL – 33990– United States

March 6th, 2023

USCIS
Attn: Form I-539

Re: Affidavit in Support of Form I-539, Application to Extend/Change Nonimmigrant Status

Dear USCIS Officer:

I, SYED SAIFUL ALAM, affirm that I am and will be financially responsible to support the following applicant during his authorized period of stay in the United States:

Applicant: HOMAIRA BINTA HOSSAIN
My Relationship to Applicant: Friend

Enclosed, please find bank statements as well as other documents evidencing that I have the financial means derived from legal sources to support the abovementioned applicant during the authorized period of stay in the United States.

Should you have any questions or concerns, please do not hesitate to contact me.

Sincerely,



Syed Saiful Alam

Florida

DRIVER LICENSE



4th CLASS **A450-797-81-008-0** 9 CLASS **E**

1 ALAM
2 SYED SAIFUL
3 1103 SE 16TH PL
CAPE CORAL, FL 33990

1 DOB 01/08/1981 15 SEX M 16 HGT 5'-11"
40 EXP 01/08/2027
12 REST NONE 9a END NONE SAFE DRIVER

4a ISS 11/06/2018

5 DD N761811060157



Operation of a motor vehicle constitutes consent to any sobriety test required by law.



**MidWestOne
Bank**

Simply better banking

102 South Clinton Street, Iowa City, IA 52240

SYED S ALAM
SYEDA A SIDDIKA
1103 SE 16TH PL
CAPE CORAL FL 33990-1834

Statement Ending 02/22/2023

SYED S ALAM

Page 1 of 4

Account Number: XX9819

Ways to Contact Us:

	Address	102 South Clinton Street Iowa City, IA 52240
	Website	www.MidWestOne.bank
	Telephone	800.247.4418

Summary of Accounts

Account Type	Account Number	Ending Balance
POWER CHECKING	XX9819	\$21,549.84

POWER CHECKING-XX9819

Account Summary

Date	Description	Amount
01/26/2023	Beginning Balance	\$19,849.68
	2 Credit(s) This Period	\$5,294.66
	2 Debit(s) This Period	\$3,594.50
02/22/2023	Ending Balance	\$21,549.84

Interest Summary

Description	Amount
Interest Earned From 01/26/2023 Through 02/22/2023	
Annual Percentage Yield Earned	0.05%
Interest Days	28
Interest Earned	\$0.66
Interest Paid This Period	\$0.66
Interest Paid Year-to-Date	\$1.07
Minimum Balance	\$16,255.18
Average Ledger Balance	\$17,231.75
Average Available Balance	\$17,231.75

Account Activity

Post Date	Description	Debits	Credits	Balance
01/26/2023	Beginning Balance			\$19,849.68
01/30/2023	Withdrawal	\$3,000.00		\$16,849.68
02/03/2023	WEB TRANSFER (2093185) FROM x9819 TO x5767	\$594.50		\$16,255.18
02/21/2023	DEPOSIT		\$5,294.00	\$21,549.18
02/22/2023	INTEREST		\$0.66	\$21,549.84
02/22/2023	Ending Balance			\$21,549.84

Daily Balances

Date	Amount	Date	Amount
01/30/2023	\$16,849.68	02/21/2023	\$21,549.18
02/03/2023	\$16,255.18	02/22/2023	\$21,549.84

POWER CHECKING-XX9819 (continued)

Overdraft and Returned Item Fees

	Total for this period	Total year-to-date	Previous year-to-date
Total Overdraft Fees	\$0.00	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00	\$0.00



MidWestOne
Bank.

Simply better banking.

102 South Clinton Street, Iowa City, IA 52240

SYED S ALAM
SYEDA A SIDDIKA
1103 SE 16TH PL
CAPE CORAL FL 33990-1834

Statement Ending 01/25/2023

SYED S ALAM

Page 1 of 4

Account Number: XX9819

Ways to Contact Us:



Address

102 South Clinton Street
Iowa City, IA 52240



Website

www.MidWestOne.bank



Telephone

800.247.4418

Summary of Accounts

Account Type	Account Number	Ending Balance
POWER CHECKING	XX9819	\$19,849.68

POWER CHECKING-XX9819

Account Summary

Date	Description	Amount
12/29/2022	Beginning Balance	\$6,943.21
	3 Credit(s) This Period	\$13,696.78
	3 Debit(s) This Period	\$790.31
01/25/2023	Ending Balance	\$19,849.68

Interest Summary

Description	Amount
Interest Earned From 12/29/2022 Through 01/25/2023	
Annual Percentage Yield Earned	0.05%
Interest Days	28
Interest Earned	\$0.41
Interest Paid This Period	\$0.41
Interest Paid Year-to-Date	\$0.41
Minimum Balance	\$6,352.90
Average Ledger Balance	\$11,012.44
Average Available Balance	\$10,587.57

Account Activity

Post Date	Description	Debits	Credits	Balance
12/29/2022	Beginning Balance			\$6,943.21
12/29/2022	WEB TRANSFER (1978022) FROM x9819 TO x5767	\$90.31		\$6,852.90
12/29/2022	WEB TRANSFER (1978024) FROM x9819 TO x5767	\$500.00		\$6,352.90
01/12/2023	DEPOSIT		\$1,800.00	\$8,152.90
01/17/2023	DEPOSIT		\$11,896.37	\$20,049.27
01/17/2023	Zelle To MUZAKKIR RAFI +1-800-247-4418	\$200.00		\$19,849.27
01/25/2023	INTEREST		\$0.41	\$19,849.68
01/25/2023	Ending Balance			\$19,849.68

Daily Balances

Date	Amount	Date	Amount
12/29/2022	\$6,352.90	01/17/2023	\$19,849.27
01/12/2023	\$8,152.90	01/25/2023	\$19,849.68

POWER CHECKING-XX9819 (continued)

Overdraft and Returned Item Fees

	Total for this period	Total year-to-date	Previous year-to-date
Total Overdraft Fees	\$0.00	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00	\$0.00



Simply better banking.

102 South Clinton Street, Iowa City, IA 52240

SYED S ALAM
SYEDA A SIDDIKA
1103 SE 16TH PL
CAPE CORAL FL 33990-1834

Statement Ending 12/28/2022

SYED S ALAM

Page 1 of 4

Account Number: XX9819

Ways to Contact Us:



Address 102 South Clinton Street
Iowa City, IA 52240



Website www.MidWestOne.bank



Telephone 800.247.4418

Summary of Accounts

Account Type	Account Number	Ending Balance
POWER CHECKING	XX9819	\$6,943.21

POWER CHECKING-XX9819

Account Summary

Date	Description	Amount
11/24/2022	Beginning Balance	\$7,049.35
	2 Credit(s) This Period	\$500.33
	2 Debit(s) This Period	\$606.47
12/28/2022	Ending Balance	\$6,943.21

Interest Summary

Description	Amount
Interest Earned From 11/24/2022 Through 12/28/2022	
Annual Percentage Yield Earned	0.05%
Interest Days	35
Interest Earned	\$0.33
Interest Paid This Period	\$0.33
Interest Paid Year-to-Date	\$0.53
Minimum Balance	\$6,442.88
Average Ledger Balance	\$6,836.52
Average Available Balance	\$6,836.52

Account Activity

Post Date	Description	Debits	Credits	Balance
11/24/2022	Beginning Balance			\$7,049.35
12/05/2022	WEB TRANSFER (1915023) FROM x9819 TO x5767	\$500.00		\$6,549.35
12/06/2022	PAYMENT TO RE XXXXXXXXXXXX0001 4 FAM REV HELOC LOAN XXXXXXXXXXXX075767	\$106.47		\$6,442.88
12/15/2022	Zelle From IMRAN AHMED +1-800-247-4418		\$500.00	\$6,942.88
12/28/2022	INTEREST		\$0.33	\$6,943.21
12/28/2022	Ending Balance			\$6,943.21

Daily Balances

Date	Amount	Date	Amount
12/05/2022	\$6,549.35	12/15/2022	\$6,942.88
12/06/2022	\$6,442.88	12/28/2022	\$6,943.21

POWER CHECKING-XX9819 (continued)

Overdraft and Returned Item Fees

	Total for this period	Total year-to-date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00



COL INTERNET SERVICE BILL

ID NO : 0017700

Homaira Binta Hossain

House No: Sanmar Silver Spring, Road No: 324/1142 Area: Mehedibagh, Thana: Bandar, District: Chattogram, Postal Code:- 4100

SUBSCRIBER'S COPY

CHITTAGONG ONLINE LIMITED

Head Office: ITUC Tower (14th Flr.), 9/Sk. Mujib Road, Agrabad C/A, Chittagong-4100, Bangladesh.
Cox'sbazar Office: Dr.Sarwar Hassan's Building (1st Flr.), 126, P.T.I. Road, W.Baharchara, Cox'sbazar, Bangladesh.

VAT Reg. No : 0003952620503

Bill No : SI23020116427

Billing Date : 01-FEB-23

Period : 01-FEB-23 TO 28-FEB-23

Payment Due Date : 08-FEB-23

Description	Billing Period & Unit	Amount
Cyber Security & Smart Home	Quantity=1, Days=28@950	950 ₳
SM Internet Bandwidth- 25 Mbps-	Quantity=1, Days=28@-215	-215 ₳
Complimentary Service		
Special Discount-		
Total Bill		735 ₳
Previous Collected Amount : 735 ₳		
Previous Collection Date : 02-JAN-23		
Due Amount / Advance		-1470.19 ₳
Total Amount (Advance)		-735.19 ₳

You have advance amount of 735.19 Taka

This is a computer generated invoice, No signature is required. If you have any query, Please call our Credit & Customer Management Department, Number 09619265231, Ext.: 113 for details.

To avoid unexpected barring, please pay the "Total Due" amount within the due date. For Online Bill Payment (Using Debit/Credit Card, Mobile Banking, Net Banking), Visit: <https://pay.colbd.com> To know more about different payment, visit: <http://www.colbd.com/payment/>

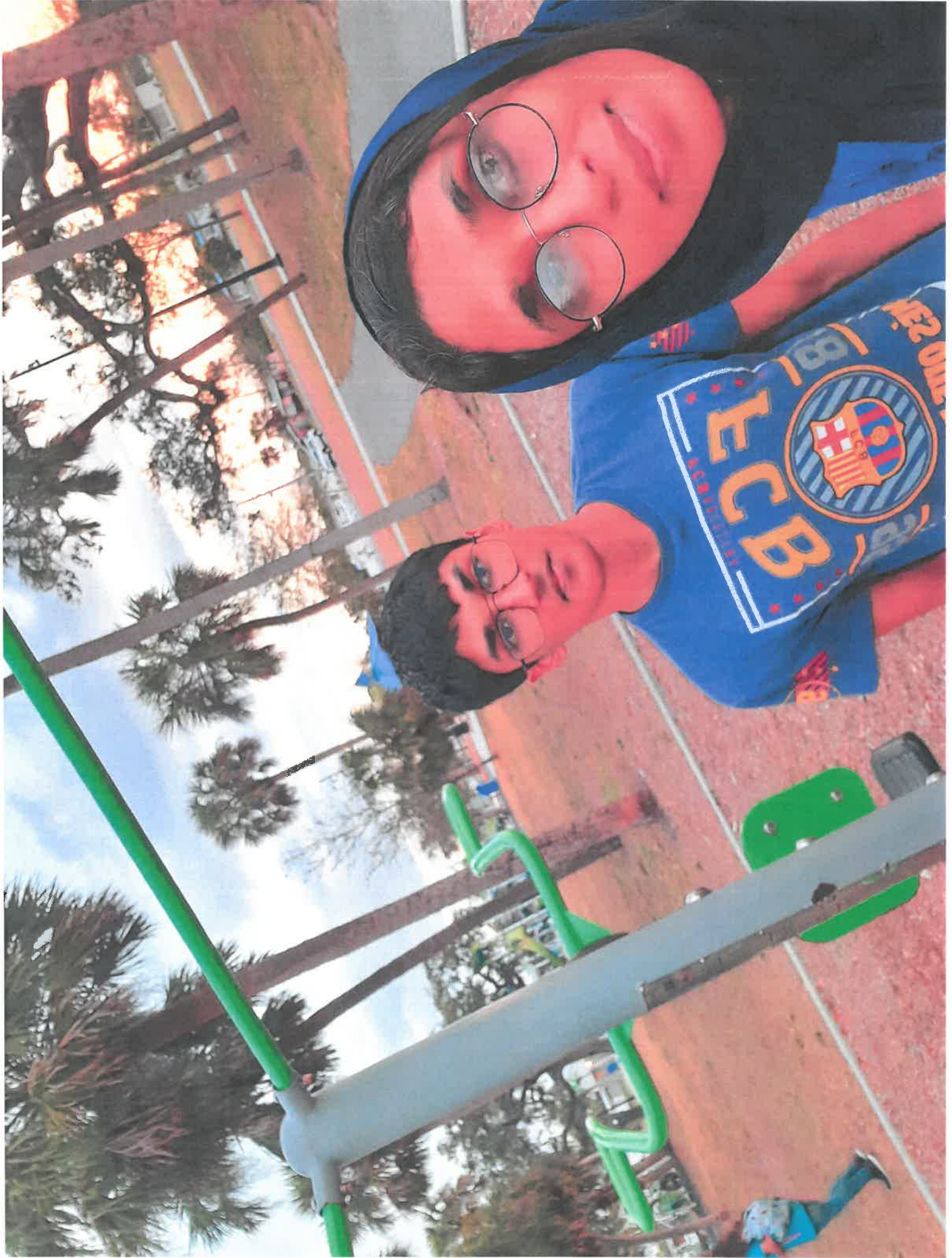
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PUBLIC LIBRARY**



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OR TEXT #NEVERFORGET
TO (888) 300-8364 TO DONATE

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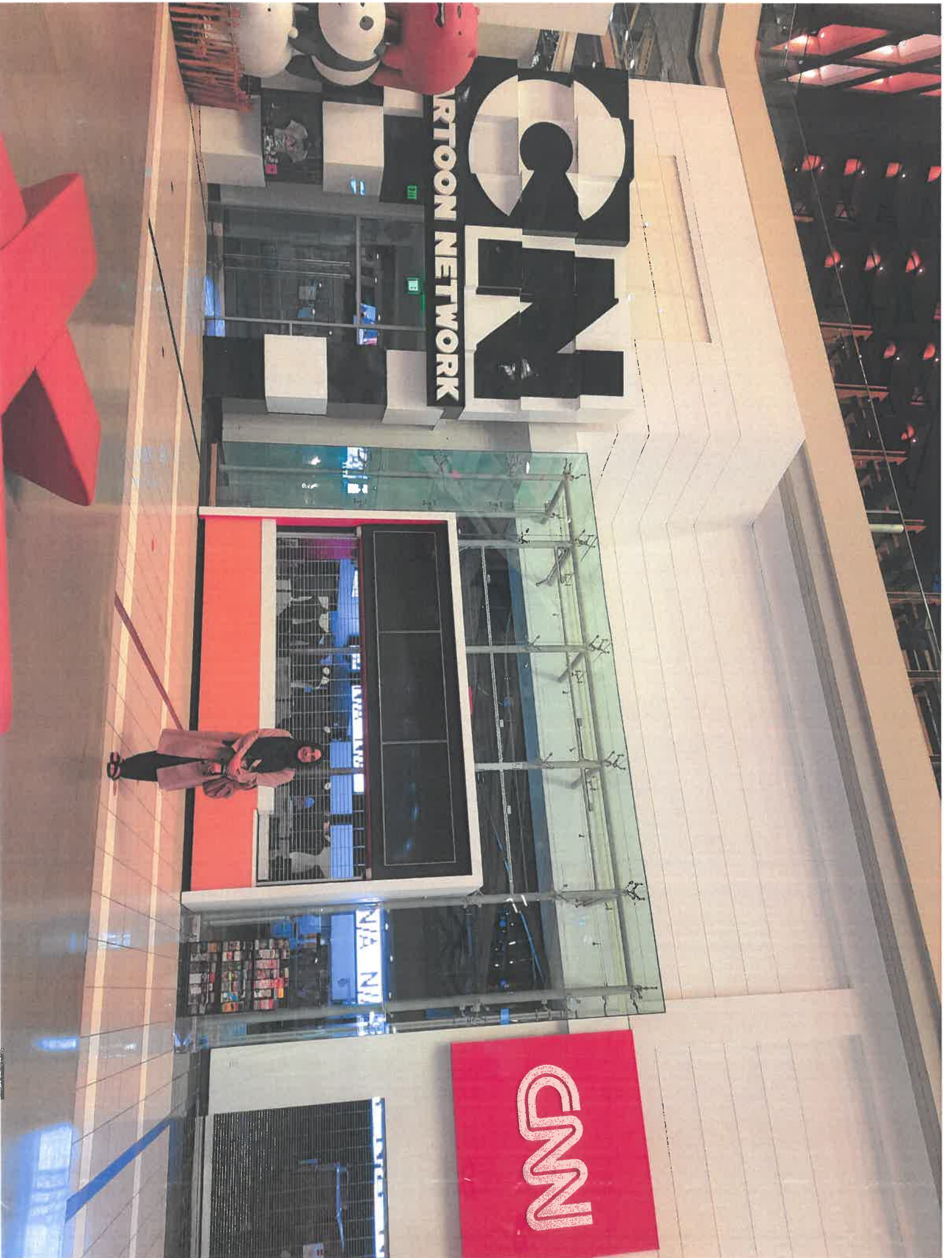
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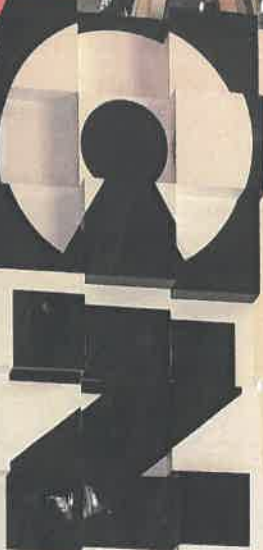
4







CARTOON NETWORK





ATLANTA
— GA —

World of
Coca-Cola





Days Inn & Suites by Wyndham Bonita Springs North Naples

Address: 27991 Oakland Drive, Bonita Springs, FL 34135, United States

Phone: +1 239 949 9400

GPS coordinates: N 026° 19.963, W 81° 45.234

CHECK-IN
29
OCTOBER
Saturday
🕒 from 15:00

CHECK-OUT
3
NOVEMBER
Thursday
🕒 until 11:00

ROOMS
1 / **5**

PRICE

1 room

Price

(for 2 guests)

Additional charges

The price you see below is an approximate that may include fees based on the maximum occupancy. This can include taxes set by local governments or charges set by the property.

Tax (11.5000%)

Property service charge (BDT 1,017.10 × 5 nights)

Final price

(taxes included)

BDT 131,964

approx. **BDT 131,964**

US\$1,297.45

BDT 15,176

BDT 5,086

approx. **BDT 152,225**

You'll pay 1,496.66 in USD.

The final price shown is the amount you will pay to the property.

Booking.com does not charge guests any reservation, administration or other fees.

Your card issuer may charge you a foreign transaction fee.

Payment information

Days Inn & Suites by Wyndham Bonita Springs North Naples handles all payments.

This property accepts the following forms of payment: American Express, Visa, Mastercard, Discover

Currency and exchange rate information

You'll pay Days Inn & Suites by Wyndham Bonita Springs North Naples in USD according to the exchange rate on the day of payment.

The amount displayed in BDT is just an estimate based on **today's** exchange rate for USD.

Additional information

Please note that additional supplements (e.g. extra bed) are not added in this total.

If you cancel, applicable taxes may still be charged by the property.

If you don't show up at this booking, and you don't cancel beforehand, the property is liable to charge you the full reservation amount.

Please remember to read the **Important information** below, as this may contain important details not mentioned here.



Queen Studio Suite Non-Smoking

Guest name: Homaira Hossain / for 3 Adults, 2 Children (up to 12 years of age)

Meal Plan:

Breakfast is included in the final price.

Private bathroom • Free toiletries • Air conditioning • Toilet • Bath or shower • TV • Telephone • Heating • Hairdryer • Cable channels • Alarm clock

Bed Size(s): 1 sofa bed (Variable Size), 1 large double bed (151-180cm wide).

Prepayment : No prepayment is needed.

Cancellation cost:

until 27 October 2022 23:59 [EDT]: US\$0

from 28 October 2022 00:00 [EDT]: **US\$289.33** –

Changing the dates of your stay is not possible.

Important information

Due to Coronavirus (COVID-19), wearing a face mask is mandatory in all indoor common areas.

Guests are required to show a photo identification and credit card upon check-in. Please note that all Special Requests are subject to availability and additional charges may apply.

A damage deposit of USD 100 is required on arrival. That's about 10171.00BDT. This will be collected by credit card. You should be reimbursed on check-out. Your deposit will be refunded in full via credit card, subject to an inspection of the property.

You can always view, change or cancel your booking online at:

[your.booking.com](https://www.your.booking.com)

For any questions related to the property, you can contact Days Inn & Suites by Wyndham Bonita Springs North Naples directly on: +1 239 949 9400

Or contact us by phone - we're available 24 hours a day:

When abroad or from United States: +44 20 3320 2609

Travel with peace of mind

Looking for information about travelling safely? The Safety resource centre can help you prepare for your trip and enjoy a safe, relaxing stay.

[See Safety resource centre](#)

We've gathered the most important local phone numbers to help give you complete peace of mind during your stay in USA.

[See local emergency services](#)

Hotel Policies

Guest parking

- No parking available.
- WiFi is available in public areas and is free of charge.



Rodeway Inn South Miami - Coral Gables South Miami

Address: 5959 Southwest 71st Street, Miami, FL 33143, United States

Phone: +1 305 667 6664

GPS coordinates: N 025° 42.319, W 80° 17.459

CHECK-IN

3

NOVEMBER

Thursday

🕒 15:00 - 00:00

CHECK-OUT

10

NOVEMBER

Thursday

🕒 until 11:00

ROOMS

1

NIGHTS

7

PRICE

1 room
13 % Tax
US\$ 2.26 Property service charge per night

BDT 77,499
BDT 10,075
BDT 1,609

Price

(for 2 guests)

approx. **BDT 89,183**

US\$876.83

The final price shown is the amount you will pay to the property.

Booking.com does not charge guests any reservation, administration or other fees.
Your card issuer may charge you a foreign transaction fee.

Payment information

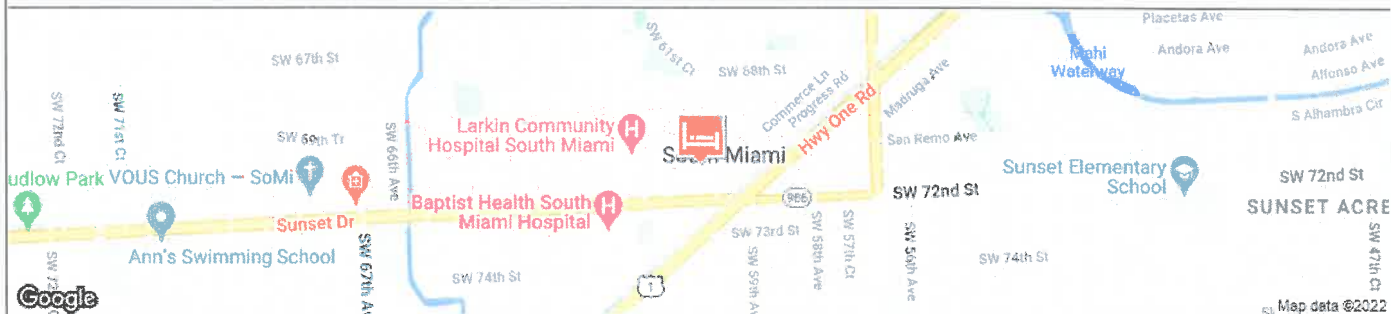
Rodeway Inn South Miami - Coral Gables South Miami handles all payments.
This property accepts the following forms of payment: American Express, Visa, Mastercard, Discover

Currency and exchange rate information

You'll pay Rodeway Inn South Miami - Coral Gables South Miami in USD according to the exchange rate on the day of payment.
The amount displayed in BDT is just an estimate based on **today's** exchange rate for USD.

Additional information

Please note that additional supplements (e.g. extra bed) are not added in this total.
If you cancel, applicable taxes may still be charged by the property.
If you don't show up at this booking, and you don't cancel beforehand, the property is liable to charge you the full reservation amount.
Please remember to read the **important information** below, as this may contain important details not mentioned here.



Double Room with Two Double Beds - Non-Smoking

Guest name: Homaira Hossain / for 4 Adults, 3 Children (up to 17 years of age)

Meal Plan: There is no meal option with this room.

Ensuite bathroom • Garden view • Pool view • City view • Inner courtyard view • Air conditioning • Safety deposit box • Toilet • Bath or shower • Towels • Linen • Telephone • Ironing facilities • Iron • Flat-screen TV • Hairdryer • Cable channels • Entire unit located on ground floor • Upper floors accessible by elevator

Bed Size(s): 2 double beds (131-150 cm wide)

Prepayment : No prepayment is needed.

Cancellation cost:
until 3 November 2022 16:00 [EDT]: US\$0
from 3 November 2022 16:00 [EDT]: **US\$119.20 -**
Changing the dates of your stay is not possible.

Important information

Please note cash deposits may be accepted for incidental charges. Please contact hotel for further details.

Guests under the age of 21 can only check in with a parent or official guardian.

Please note the hotel's parking garage cannot accommodate certain vehicles due to height restrictions. Contact the hotel for further information.

The parking fee (optional) and safe fee (mandatory) are collected at time of check-in. The security deposit will be the same amount as the first night charge.

Food & beverage services at this property may be limited or unavailable due to Coronavirus (COVID-19).

Due to Coronavirus (COVID-19), wearing a face mask is mandatory in all indoor common areas.

Guests are required to show a photo identification and credit card upon check-in. Please note that all Special Requests are subject to availability and additional charges may apply.

A damage deposit of USD 50 is required on arrival. That's about 5085.50BDT. This will be collected by credit card. You should be reimbursed on check-out. Your deposit will be refunded in full via credit card, subject to an inspection of the property.

You can always view, change or cancel your booking online at: [your.booking.com](https://www.your.booking.com)

For any questions related to the property, you can contact Rodeway Inn South Miami - Coral Gables South Miami directly on: +1 305 667 6664

Or contact us by phone - we're available 24 hours a day:

When abroad or from United States: +44 20 3320 2609

Travel with peace of mind

Looking for information about travelling safely? The Safety resource centre can help you prepare for your trip and enjoy a safe, relaxing stay.

[See Safety resource centre](#)

We've gathered the most important local phone numbers to help give you complete peace of mind during your stay in USA.

[See local emergency services](#)

Hotel Policies

Guest parking

- Private parking is possible on site (reservation is not needed) and costs USD 8 per day.
- WiFi is available in all areas and is free of charge.



Homaira Hossain <infocgshomaira@gmail.com>

Your updated booking at Knights Inn - Maingate Kissimmee

1 message

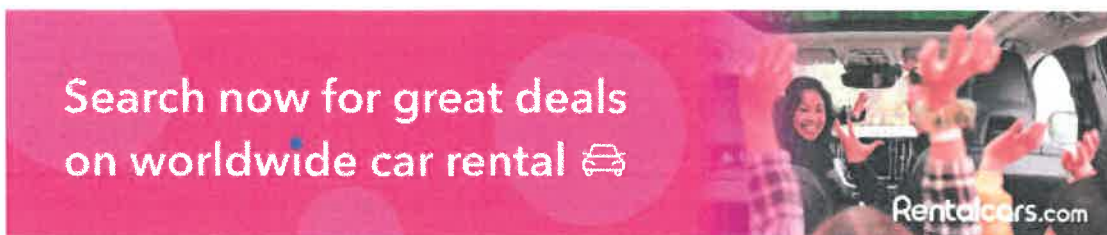
Knights Inn - Maingate Kissimmee <customer.service@booking.com>
Reply-To: Knights Inn - Maingate Kissimmee <cs-noreply@booking.com>
To: infocgshomaira@gmail.com

Tue, Oct 25, 2022 at 1:56 PM

.com

3015992719
\$195

In partnership with



Your booking has been successfully modified
This booking was updated on Tuesday 25 October 2022

Double Room with Two Double Beds - Non-Smoking for guest Homaira Hossain
Arrival: Thursday, 10 November 2022 (was Sunday, 13 November 2022)
price: US\$476 (was US\$323)

✔ **Below is your updated booking confirmation:**

Travel support
Get the information needed before traveling to a destination as touristic travel may still not be allowed. In the case your travel plans change and you wish to modify your booking, check your options to manage the reservation by clicking the link below.

[Modify your booking](#)

Knights Inn - Maingate Kissimmee



Homaira Hossain <infocgshomaira@gmail.com>

Confirmation for Booking ID # 804171509 Check-in Sunday, 20 November 2022

1 message

Agoda Customer Service <no-reply@agoda.com>
To: infocgshomaira@gmail.com

Tue, Oct 25, 2022 at 12:36 PM



Your booking is now confirmed!

Hi Homaira Binta Hossain,

For reference, your booking ID is 804171509. To view, cancel, or modify your booking, use our easy self service.

[My bookings](#)

Marriott Sanibel Harbour Resort & Spa ★★★★★



17260 Harbour Pointe Drive, Fort Myers (FL), United States

[Directions](#)

Check in
Sunday, November 20, 2022
(after 16:00)

Check out
Monday, November 21, 2022
(before 11:00)

You can also easily find out about property policies and amenities in [My bookings](#)

For any questions related to the property, please contact them directly.

Email: Marisa_rees@marriottsales.com

Tel: 2394664000

Important Information

Please note the resort fee includes: - Spa access - Portable beach chairs - Resort trolley transportation Guests are required to show a photo identification and credit card upon check-in. Please note that all Special Requests are subject to availability and additional charges may apply.

Upon early departure, an Early Departure Charge of one night's room and tax applies.

Travelling to United States?

Get updated information on COVID-19 travel guidance and restrictions.

[Learn more](#)

Booking Information

Reservation	1 room, 1 night
Room type	Guest room, 2 Queen, Resort view, Captiva Tower, Balcony
Lead guest	Homaira Binta Hossain
Occupancy	4 adults
Benefits	Wi-Fi, Free WiFi
Special request	I'd like a non-smoking room, I'd like twin beds

All special requests are subject to availability upon arrival.

Your booking is confirmed but not yet paid

1 room(s) x 1 night(s) USD 318.89

Total Charge **USD 318.89**

Included : Taxes and fees USD 32.89

Not Included : Resort Fee (Pay at the property) USD 25.0



 **Agoda price guarantee**

 Will be paid with credit card

xxxx-xxxx-xxxx-5506

You will be automatically charged on November 12, 2022.

Cancellation Policy

-  **Free Cancellation**
Until 13 Nov 11:59 PM Fort Myers (FL) time
-  **Non-Refundable**
From 14 Nov 12:00 AM Fort Myers (FL) time

Important Information

Risk-free booking! You can cancel until November 13, 2022 and pay nothing!
 Any cancellation received within 6 days prior to the arrival date will be charged for the entire stay.
 If you fail to arrive or cancel the booking, no refund will be given.

Get our award-winning app to unlock cheaper prices!

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- ✓ Access to app exclusive deals



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My bookings

Using our convenient self-service, you can sign into your account any time to re-send confirmations, get a receipt, make requests, cancel your booking, change dates or amend guest name.



Share booking confirmation

Resend your booking confirmation to yourself or others.



Send a receipt

Get a receipt sent to you for business use.



Special requests

Ask the property to add extra beds, breakfast, or amenities.



Cancel booking

Cancel your booking online easily.



Change dates

Amend your booking dates.



Manage guests

Amend the lead guest's name.

Need more information or support?

Keep your booking reference number **804171509** handy and within reach. You'll need it if you would like to contact our customer support.

Quickly find out how you can manage your booking online in our content rich FAQ library.

[Browse our FAQ for quick answers](#)

Important Notes

- **Important notice:** to protect your personal data and payment information, never disclose your personal data or payment information or transfer funds to any person calling or messaging you from unofficial communication channels outside of Agoda's platform. If you have received such communications, please report any suspicious or fraudulent activity by contacting our customer support and always check with us if you are unsure before responding to external or suspicious communications (calls, emails, text messages, etc.)
- **IMPORTANT:** At check-in, you must present a valid photo ID with your address confirming the same name as the lead guest on the booking. For bookings paid with a credit card, you may also need to present the card used to make the payment. Failure to do so may result in the hotel requesting additional payment or your reservation not being honored.

- All rooms are guaranteed on the day of arrival. In the case of a no-show, your room(s) will be released and you will be subject to the terms and conditions of the Cancellation/No-Show Policy specified at the time you made the booking as well as noted in the Confirmation Email.
- The total price for this booking does not include mini-bar items, telephone usage, laundry service, etc. The property will bill you directly.
- In cases where Breakfast is included with the room rate, please note that certain properties may charge extra for children travelling with their parents. If applicable, the property will bill you directly. Upon arrival, if you have any questions, please verify with the property.

This is a post-only mailing. Please do not respond to this message.

We notified Marriott Sanibel Harbour Resort & Spa of your upcoming booking. We wish you a pleasant stay.

This email was sent by: Agoda Company Pte. Ltd., [30 Cecil Street](#), Prudential Tower #19-08, Singapore, 049712



 **Confirmation_for_Booking_ID_#_804171509.pdf**
58K