## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT # 738794**

1. Entity Name



**FILED** May 21, 2003 8:00 am § Secretary of State

05-21-2003 90388 001 \*\*\*\*\*8.75

MUSLIM COMMUNITIES ASSOCIATION OF SOUTH FLORIDA, INC				05-21-2003 90388 002 ****61.25			
4305 NORTHWEST 183RD STREET 43 MIAMI FL 33055 MI		Mailing Address 4305 NORTHWEST 183RD S MIAMI FL 33055 US	STREET	L NOTONI COGGO NING RANG LETTE PORT AND SIRM DIGNI BIBLI DIGNI BIBLI DIGNI DIGNI DIGNI DIGNI DIGNI DIGNI DIGNI	<b>1</b> 11 1004		
2. Principal Place of Business 3		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	·	☐ CHECK HERE IF MAKING CHANGES	CHECK HERE IF MAKING CHANGES		
City & State		City & State		011230002	ed For		
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required	onal		
	6. Name and Address of Currer	nt Registered Agent		7. Name and Address of New Registered Agent			
				Name KHALID AWAN			
SUBHANI, MIAN M 4305 NW 183 ST		•	Street	Street Address (P.O. Box Number is Not Acceptable)			
MIAMI FL	33055		<del></del>	3.5 NW 183RD STREET			
			City	miami FL Zip Code	<u>~  </u>		
	e named entity submits this statement tions of registered agent.	for the purpose of changing its		or registered agent, or both, in the State of Florida. I am familiar with, and			
4	millies						
ŞIGNATURE	- and						
	Signature, typed or printed name of registered age	rit and title it applicable. (NOT	E: Registered Agent signs	ature required when reinstating) DATE			
	FILE NOW: FEE IS \$61.25	9. Election Car Trust Fund C	mpaign Financing Contribution.	\$5.00 May Be Added to Fees Make Check Payable to Florida Department of Sta			
10.	OFFICERS AND D	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	DCT	<b>D</b> elete	TITLE	1 ' -	Addition 8		
NAME	SUBHANI, MAIN M	•	NAME	KHALID AWAN	] 5		
CITY-ST-ZIP	5340 SAXON CIRCLE WEST FORT LAUDERDALE FL 33331		STREET ADDRESS CITY-ST-ZIP	4305 NW 183AD STREET	[		
	DVC			Miami, F L 33 € 55	Addition 9		
TITLE NAME	KHALID, AWAM	🔼 Delete	TITLE NAME	KHALID MIRZA	Zi Mudition [5		
	4305 NW 18220 STREET		STREET ADDRESS		1		
CITY-ST-ZIP	OPA LOCKA FL 33055		CITY-ST-ZIP	MIRMI FL 33055			
TITLE	DST	☐ Delete	TITLE	Change 5	Addition		
NAME	KHAN, SAMIULLAH		NAME	HOHAMMAD T. ISMAIL	1		
	4305 NW 183RD STREET		STREET ADDRESS	4305 NW 183 RD STREET			
CITY-ST-ZIP	MIAMI FL 33055		CITY-ST-ZIP	niAni , FL 33055			
TITLE	DSS Abbasi, Salahuddin	☐ Delete	TITLE	Change [	Addition		
NAME STREET ADDRESS	4305 NW 183RD STREET		NAME STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33055		CITY-ST-ZIP				
TITLE	DSB	Delete	TITLE	S ≤ Change [	Addition		
NAME	SHOYER, MANSURI * 5	PELLING ERKOR	NAME .	SHOYES MANSURI			
STREET ADDRESS	4305 NW 183 STREET	- 1.	STREET ADDRESS	4305 NW 18300 STREET	Ì		
CITY-ST-ZIP	MIAMI FL 33055		CITY-ST-ZIP	MIAMI , FL 33055			
TITLE	DWS	☑ Delete	TITLE	DW 3 ☑ Change [	Addition		
NAME	SHANNA, KASHAR- 🛠 5 P	ELLING ERROR	NAME	SHAHINA KASHAR			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

4302 NM 13360

STREET

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS 5305 NW 183 STREET

OPA LOCKA FL 33055