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## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Feb 11, 2002 8:00 am DOCUMENT # N0000002864 **Secretary of State** ISLAMIC SOCIETY OF NEW TAMPA, INC. 02-11-2002 90120 039 \*\*\*\*61.25 Mailing Address Principal Place of Business 15830 MORRIS BRIDGE RD. 9434 BLUEBIRD DR. THONOTOSASSA FL 33592 TAMPA FL 33647 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-364 1940 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 (10/6) Delete TITLE TITLE ☐ Change ☐ Addition HASHMI, ARJUMAND MD NAME NAME 18123 LONGWATER DR. STREET ADDRESS STREET ADDRESS CITY-ST-2IP TAMPA FL 33647 CITY-ST-ZIP VD TITLE ☐ Delete TITLE Change ☐ Addition AHMED, MAHMUD MD NAME NAME 8930 MAGNOLIA CHASE CIR STREET ADDRESS STREET ADDRESS **TAMPA FL 33647** CITY-ST-ZIP CITY-ST-ZIP SD TITLE ☐ Delete TITLE ☐ Change ☐ Addition KAMEL, SYED T NAME NAME 17807 RIDGE WAY CT. STREET ADDRESS STREET ADDRESS TAMPA FL 33647 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition SYED, MAHMOOD NAME NAME 9434 BLUEBIRD DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL 33647 CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of trustee employered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

changed, or on an attachi

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042 Daytime Phone #