

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90237 028 ****61.25

DOCUMENT # N00000002867

1. Entity Name

BARKALLAH ISLAMIC COMMUNITY CENTER OF TAMPA, INC

Principal Place of Business

Mailing Address

2920 ANGELA CT
 TAMPA FL 33610

P O BOX 311262
 TAMPA FL 33680

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3678545

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

JUMAH, YAKEEN
916 YORK DR
BRANDON FL 33510

7. Name and Address of New Registered Agent

Name

N/A

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

JUMAH, YAKEEN
GENERAL SECRETARY

(NOTE: Registered Agent signature required when reinstating)

7-10-01

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	RAZAK OYEBAMIJI	
STREET ADDRESS	2920 ANGELA CT	
CITY-ST-ZIP	TAMPA FL	
TITLE	GENERAL SECRETARY	<input type="checkbox"/> Delete
NAME	YAKEEN JUMAH	
STREET ADDRESS	916 YORK DR	
CITY-ST-ZIP	BRANDON FL 33510	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	FATAI ADERUJU	
STREET ADDRESS	801 FRANKFORD DR. BRANDON	
CITY-ST-ZIP	33511	
TITLE	FINANCIAL SEC.	<input type="checkbox"/> Delete
NAME	MUYIDEEN ABIMBOLA	
STREET ADDRESS	2202 CANTERBURY LANE	
CITY-ST-ZIP	LARGO FL 33770	
TITLE	EDUCATIONAL DIRECTOR	<input type="checkbox"/> Delete
NAME	MUJEEB JIMOH	
STREET ADDRESS	916 YORK DRIVE	
CITY-ST-ZIP	BRANDON FL 33510	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(f), 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.

SIGNATURE:

REQUIRED

7-20-01

00116

CR2E037 (10/00)