

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91705 016 \*\*\*\*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

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-3678545**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JUMAH, YAKEEN  
 916 YORK DR  
 BRANDON FL 33510**

Name

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>OYEBAMIJI, RAZAK</b>	
STREET ADDRESS	<b>2920 ANGELA COURT</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>GS</b>	<input type="checkbox"/> Delete
NAME	<b>JUMAH, YAKEEN</b>	
STREET ADDRESS	<b>916 YORK DRIVE</b>	
CITY-ST-ZIP	<b>BRANDON FL 33510</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>ADEROJU, FATAI</b>	
STREET ADDRESS	<b>801 FRANKFORD DRIVE</b>	
CITY-ST-ZIP	<b>BRANDON FL 33511</b>	
TITLE	<b>FS</b>	<input type="checkbox"/> Delete
NAME	<b>ABIMBOLA, MUYIDEN</b>	
STREET ADDRESS	<b>2202 CANTERBURY LANE</b>	
CITY-ST-ZIP	<b>LARGO FL 33770</b>	
TITLE	<b>ED</b>	<input type="checkbox"/> Delete
NAME	<b>JIMOH, MUJEEB</b>	
STREET ADDRESS	<b>916 YORK DRIVE</b>	
CITY-ST-ZIP	<b>BRANDON FL 33510</b>	
TITLE	<b>PS</b>	<input type="checkbox"/> Delete
NAME	<b>FADEYI, DAUDA</b>	
STREET ADDRESS	<b>11362 BROOKGREEN DRIVE</b>	
CITY-ST-ZIP	<b>TAMPA, FL 33624</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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)(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.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-19-02**

Date

**813-862-5005**

Daytime Phone #

CR2E037 (9/01)