

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 25, 2000 8:00 am
Secretary of State

08-25-2000 90005 031 ****61.25

DOCUMENT # N02632

1. Entity Name

MASJID AL-MUMININ BIL QADIR, INC.

f



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

3762 18 AVE SOUTH
P O BOX 1173, ZIP 33731
ST PETERSBURG FL 33711

3762 18 AVE SOUTH
P O BOX 1173, ZIP 33731
ST PETERSBURG FL 33711

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2443382

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MCCLENDON, BARBARA
4127 24TH AVE S
SAINT PETERSBURG FL 33711

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

After September 13, 2000 min. will be \$236.25

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 ☐ Delete
NAME **TD**
STREET ADDRESS **HAMEED, ABDUL SALAAM**
CITY-ST-ZIP **2343-23RD AVE, SO. ST. PETERSBURG FL 33712**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **CD**
STREET ADDRESS **MCCLENDON, BARBARA**
CITY-ST-ZIP **4127 24TH AVE S SAINT PETERSBURG FL 33711**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **JOHNSON, SYLVESTER**
CITY-ST-ZIP **2343 1/2 AVE S SAINT PETERSBURG FL 33711**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **DP**
STREET ADDRESS **KIRKPATRICK, SIDNEY**
CITY-ST-ZIP **2301 22ND AVE S SAINT PETERSBURG FL 33712**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **ST**
STREET ADDRESS **GANIE, MOHAMED O**
CITY-ST-ZIP **1601 16TH ST N SAINT PETERSBURG FL 33704**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(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: *Barbara McClellon* **BARBARA MCCLENDON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/22/00 **8/22/00 (727) 327-4983**

Date Daytime Phone #

CR2E037 (5/00)