2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2001 8:00 am
Secretary of State
03-21-2001 90049 018 ****61.25

DOCUMENT # N02632

1. Entity Name

MASJID AL-MUMININ BIL QADIR, INC.

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2443382 ☐ 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
MCCLENDON, BARBARA 4127 24TH AVE S SAINT PETERSBURG FL 33711	Name: Wilmore M. Sadiki Street Address (P.O. Box Number is Not Acceptable): 1357 Parkwood St City: Clearwater FL Zip Code: 33755

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 X IMAM (President) Wilmore M. Sadiki 3/11/01
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HAMEED, ABDUL SALAAM 2343-23RD AVE, SO. ST. PETERSBURG FL 33712	☑ Delete	TITLE ~~P~~ P/C NAME STREET ADDRESS CITY-ST-ZIP Wilmore M. Sadiki 1357 Parkwood St Clearwater Fla 33755	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD MCCLENDON, BARBARA 4127 24TH AVE S SAINT PETERSBURG FL 33711	☑ Delete	TITLE S/D NAME STREET ADDRESS CITY-ST-ZIP Shanon StoVELL 1400 MANOR WAY SO. St. Petersburg, Fla 33705	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON, SYLVESTER 2343 1/2 AVE S SAINT PETERSBURG FL 33711	☑ Delete	TITLE M/O NAME STREET ADDRESS CITY-ST-ZIP DR Howard Rasheed 11402 Gibralter Pl. Temple Terr. TAMPA, Fla 33617	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP KIRKPATRICK, SIDNEY 2301 22ND AVE S SAINT PETERSBURG FL 33712	☑ Delete	TITLE T/O NAME STREET ADDRESS CITY-ST-ZIP NAJIYYAH A. Shaheed 5614B Lynn Lakesde St. Petersburg. Fla 33712	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST GANIE, MOHAMED O 1601 16TH ST N SAINT PETERSBURG FL 33704	☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP Ahmed ZIAD 3947 Beach So. E. St Petersburg. Fla 33705	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP Waheed Hamid 1120 32nd St So. St Petersburg, Fla. 33712	☐ Change ☐ Addition

CR2E037 (10/00)

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: X SIGNATURE REQUIRED Wilmore M. Sadiki 3/11/01 (727) 943-3020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #