

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2002 8:00 am
Secretary of State

02-01-2002 90057 035 ****61.25

DOCUMENT # N16298

1. Entity Name

**SOUTHWEST FLORIDA MUSLIM STUDENTS ASSOCIATION CH
 APTER, INC.**

Principal Place of Business

Mailing Address

**C/O H.E. SHUAYB
 11373 CORTEZ BLVD #306
 BROOKSVILLE FL 34613
 US**

**11373 CORTEZ #306
 BROOKSVILLE FL 34613
 US**

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

31-1128906

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

**SHUAYB, H.E.
 14540 CORTEZ BOULEVARD
 BROOKSVILLE FL 33573**

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 **C** ☐ Delete
 NAME **MAHMALGY, G**
 STREET ADDRESS **11373 CORTEZ**
 CITY-ST-ZIP **BROOKSVILLE FL**

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

TITLE **S** ☐ Delete
 NAME **JOUD, A**
 STREET ADDRESS **11373 CORTEZ**
 CITY-ST-ZIP **BROOKSVILLE FL**

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

TITLE **T** ☐ Delete
 NAME **SHUAYB, H**
 STREET ADDRESS **11373 CORTEZ**
 CITY-ST-ZIP **BROOKSVILLE FL**

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

TITLE **D** ☐ Delete
 NAME **MAHMALJY, G.**
 STREET ADDRESS **11373 CORTEZ**
 CITY-ST-ZIP **BROOKSVILLE FL**

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

TITLE **D** ☐ Delete
 NAME **ALSHAAR, A**
 STREET ADDRESS **11373 CORTEZ**
 CITY-ST-ZIP **BROOKSVILLE FL**

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

TITLE **D** ☐ Delete
 NAME **AMIN, I**
 STREET ADDRESS **14274 PULLMAN**
 CITY-ST-ZIP **SPRING HILL FL**

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:

SIGNATURE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-02 352-596-6264

Date

Daytime Phone #

CR2E037 (9/01)