## 2002 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # N16298**

1. Entity Name

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

Principal Place of Business

Mailing Address

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11373 CORTEZ BLVD #306 BROOKSVILLE FL 34613 US			BROOKSVILLE FL 34613 US			1 1886/181 ASI 1981	8 Firis 118/8 18/81 (Six Grav Grav Grav	<b>6</b> 1 <b>6</b> 11 <b>6</b> 11		
2. Principal Place of Business 3. M			3. Mailing Address	. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & State			City & State			4. FEI Number 31-1128906 Applied For				]
Zip Country		Zip Co		untry	5. Certificate of Status Desired See Required			1		
	6. Name	and Address of Current	Registered Agent		Τ	7. Name and Addre	ess of New Registered Ager			-
	·				Name	T Trains and Addit	TO OF INCH HOGISTORE AGE			1
CUITAND ILE			*	-	Street Address (P.O. Box Number is Not Acceptable)				1	
Shuayb, H.E. 14540 Cortez Boulevard					Street Addres	ot Acceptable)			1	
	WILLE FL 335						-			1
DHOUNS	WILLE I'L 333	173			City	<del></del>		7:- 01		┨
					City		FL	Zip Code	а	
8. The above	e named entity	submits this statement for	r the purpose of changir	g its registere	ed office or regis	stered agent, or both, in th	e state of Florida.			1
SIGNATURE	=									
BIGHT		or printed name of registered agent a	and title if applicable.	(NOTE: Registere	d Agent signature requ	ired when reinstating)	DATE			
		4								┨
FILE NOW: FEE IS \$61.25				9. Election Campaign Financing Trust Fund Contribution.			Make Check Payable to to Fees Department of State			
10.		OFFICERS AND DIR	RECTORS	11.		ADDITIONS/CHANGES	TO OFFICERS AND DIRECT	TORS IÑ	10	-
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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.

CITY-ST-ZIP

STREET ADDRESS

NAME

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

amin, i

14274 PULLMAN

SPRING HILL FL

SHUAYB

1-14-02

352-596-6264

☐ Change

☐ Addition

**FILED** 

Feb 01, 2002 8:00 am Secretary of State 02-01-2002 90057 035 \*\*\*\*61.25

Daytime Phone #