

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90965 039 \*\*\*\*61.25

**DOCUMENT # N34183**

1. Entity Name

**SCHOOL OF ISLAMIC STUDIES OF BROWARD, INC.**

Principal Place of Business

Mailing Address

4505 NW 103RD. AVE.  
 SUNRISE FL 33351  
 US

6421 NW 42ND. COURT  
 CORAL SPRINGS FL 33067  
 US

040006



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

35-0522362

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

QURESHI, ZAHID  
 7118 S. GATE BLVD  
 N. LAUDERDALE FL 33068

Name

Qureshi, Zahid

Street Address (P.O. Box Number is Not Acceptable)

7326 SOUTHGATE BLVD

City

N. LAUDERDALE

FL

Zip Code

33068

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

*Zahid Qureshi*

ZAHID QURESHI

4/23/01

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 DT  Delete  
 NAME QURESHI, SAMINA  
 STREET ADDRESS 7735 N.W. 47TH DR.  
 CITY-ST-ZIP CORAL SPRINGS FL

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE DT  Delete  
 NAME JAVED, MOHAMMED  
 STREET ADDRESS 8961 N.W. 8TH ST.  
 CITY-ST-ZIP PEMBROKE PINES FL

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE DT  Delete  
 NAME RASHDAN, MOHSEN  
 STREET ADDRESS 4442 WOODFIELD BLVD.  
 CITY-ST-ZIP BOCA RATON FL

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE DT  Delete  
 NAME QURESHI, ZAHID  
 STREET ADDRESS 7735 N.W. 47TH DR.  
 CITY-ST-ZIP CORAL SPRINGS FL

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE DT  Delete  
 NAME IQBAL, MOHAMMED  
 STREET ADDRESS 8200 NW 40 CT  
 CITY-ST-ZIP CORAL SPRINGS FL

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE DT  Delete  
 NAME ALBASSAM, HAYTHEM  
 STREET ADDRESS 9161 N.W. 24TH CT  
 CITY-ST-ZIP SUNRISE 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:

*Zahid Qureshi*  
**SIGNATURE REQUIRED**

4/23/01

Date

(954) 420-5583

Daytime Phone #

CR2E037 (10/00)