

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90091 048 ****61.25

DOCUMENT # N34183



1. Entity Name
SCHOOL OF ISLAMIC STUDIES OF BROWARD, INC.

Principal Place of Business
**4505 NW 103RD. AVE.
SUNRISE FL 33351
US**

Mailing Address
**6421 NW 42ND. COURT
CORAL SPRINGS FL 33067
US**



CHECK HERE IF MAKING CHANGES

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
7326 SOUTHGATE BLVD
N. LAUDERDALE FL 33068**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	DT QURESHI, SAMINA	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	7735 N.W. 47TH DR. CORAL SPRINGS FL	
TITLE NAME	DT JAVED, MOHAMMED	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	8961 N.W. 8TH ST. PEMBROKE PINES FL	
TITLE NAME	DT RASHDAN, MOHSEN	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	4442 WOODFIELD BLVD. BOCA RATON FL	
TITLE NAME	DT QURESHI, ZAHID	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	7735 N.W. 47TH DR. CORAL SPRINGS FL	
TITLE NAME	DT IQBAL, MOHAMMED	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	8200 NW 40 CT CORAL SPRINGS FL	
TITLE NAME	DT ALBASSAM, HAYTHEM	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	9161 N.W. 24TH CT SUNRISE FL	

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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* **REQUIRED ZAHID QURESHI 4/8/03 (954)721-8707**

CR2E037 (10/02)