

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34221

1. Entity Name

INSTITUTE FOR ISLAMIC EDUCATION AND RESEARCH, IN

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90109 024 ****61.25

Principal Place of Business

Mailing Address

C/O DR. MOIEZ A. TAPIA
5904 S.W. 64 PLACE
MIAMI FL 33143

C/O DR. MOIEZ A. TAPIA
5904 S.W. 64 PLACE
MIAMI FL 33143-2056

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

65-0268904

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

TAPIA, MOIEZ A.
5904 S.W. 64 PLACE
MIAMI FL 33143

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 CD ☐ Delete
NAME TAPIA, MOIEZ A.
STREET ADDRESS 5904 SW 64TH PL
CITY-ST-ZIP MIAMI FL

TITLE SHAKI, M.S. SD ☒ Change ☐ Addition
NAME
STREET ADDRESS 15201 SW 50 street
CITY-ST-ZIP MIAMI, FL 33027

TITLE VCD ☐ Delete
NAME ZAFAR, SYED F.
STREET ADDRESS 6602 SW 61ST TERR.
CITY-ST-ZIP MIAMI FL

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

TITLE VCD ☐ Delete
NAME RAHMAN, NASIM A ESQ
STREET ADDRESS 1420 BAYSHORE DRIVE, #1604
CITY-ST-ZIP MIAMI FL 33131

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

TITLE SD ☐ Delete
NAME FASIHI, SADARUR HASAN
STREET ADDRESS 5931 SW 46TH ST
CITY-ST-ZIP MIAMI FL

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

TITLE TD ☐ Delete
NAME NAQUI, NASIMUDDIN
STREET ADDRESS 3950 SW 121ST AVE
CITY-ST-ZIP MIAMI FL

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

TITLE SD ☐ Delete
NAME MOTORWALA, SHABBIK H.
STREET ADDRESS 5800 SW 135TH AVE
CITY-ST-ZIP MIAMI FL

TITLE ☒ Change ☐ Addition
NAME MOTORWALA, SHABBIK H.
STREET ADDRESS 5800 SW 135TH AVE
CITY-ST-ZIP MIAMI, FL

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:

M. TAPIA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)