# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Feb 07, 2001 8:00 am**
**Secretary of State**
02-07-2001 90170 045 ****61.25

DOCUMENT # N34221

1. Entity Name

INSTITUTE FOR ISLAMIC EDUCATION AND RESEARCH, IN

| Principal Place of Business | Mailing Address |
|---|---|
| C/O DR. MOIEZ A. TAPIA<br>5904 S.W. 64 PLACE<br>MIAMI FL 33143 – 2056 | C/O DR. MOIEZ A. TAPIA<br>5904 S.W. 64 PLACE<br>MIAMI FL 33143 – 2056 |

DO NOT WRITE IN THIS SPACE

| 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.<br>5904 S.W. 64 PLACE<br>MIAMI FL 33143 – 2056 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>SHAKI, M. S.<br>15201 SW 50 ST<br>MIRAMAR FL 33027 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CD<br>MOIEZ A. TAPIA, Ph.D.<br>5904 SW 64 PL<br>MIAMI FL 33143 – 2056<br>☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VCD<br>ZAFAR, SYED F.<br>6602 SW 61ST TERR.<br>MIAMI FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VCD<br>RAHMAN, NASIM A ESQ<br>1420 BAYSHORE DRIVE, #1604<br>MIAMI FL 33131 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>FASIHI, SADARUR HASAN<br>5931 SW 46TH ST<br>MIAMI FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>NAQUI, NASIMUDDIN<br>3950 SW 121ST AVE<br>MIAMI FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MOTORWALA, SHABBIK H.<br>6800 SW 135TH AVE<br>MIAMI FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

This should have been there on the left side!

CR2E037 (10/00)

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 REQUIRED Moiez A. TAPIA, Chairman 02/04/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #