## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 03, 2002 8:00 am § Secretary of State **DOCUMENT # N34221** 1. Entity Name 04-03-2002 90027 029 \*\*\*\*61.25 INSTITUTE FOR ISLAMIC EDUCATION AND RESEARCH, IN Principal Place of Business Mailing Address C/O DR. MOIEZ A. TAPIA C/O DR. MOIEZ A. TAPIA 图0058072 5904 S.W. 64 PLACE 5904 S.W. 64 PLACE MIAMI FL 33143-2056 MIAMI FL 33143-2056 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State \_City,& State\_\_\_\_\_\_ 4. FEI.Number Applied For 65-0268904 Not Applicable 7in Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) TAPIA, MOIEZ A. 5904 S.W. 64 PLACE **MIAMI FL 33143** City Zip Code FL 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 9. Election Campaign Financing Make Check Pavable to FILE NOW: FEE IS \$61.25 **\$5.00** May Be Trust Fund Contribution. Added to Fees **Department of State** 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. CD TITLE ☐ Delete TITLE FAROOR, FARZANA TAPIA, MOIEZ A PHD NAME STREET ADDRESS 5904 SW 64 PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P MIAMI FL 33143-2056 TITLE ☐ Delete TITLE NAME\_ ZAFAR, SYED F. -NAME \_\_ STREET ADDRESS 6602 SW 61ST TERR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TITLE ☐ Delete ☐ Change ☐ Addition NAME RAHMAN, NASIM A ESQ NAME STREET ADDRESS STREET ADDRESS 1420 BAYSHORE DRIVE, #1604 CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33131 TITLE ☐ Delete TITLE Change ☐ Addition NAME FASIHI, SADARUR HASAN NAME STREET ADDRESS STREET ADDRESS 5931 SW 46TH ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TITLE ☐ Delete TITLE ☐ Change Addition NAME naqui. Nasimuddin NAME STREET ADDRESS 3950 SW 121ST AVE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition MOTORWALA, SHABBIK H. NAME NAME STREET ADDRESS 6800 SW 135TH AVE STREET ADDRESS 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: