

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34221

FILED
Jan 05, 2004
Secretary of State

Entity Name: INSTITUTE FOR ISLAMIC EDUCATION AND RESEARCH, INC.

Current Principal Place of Business:

C/O DR. MOIEZ A. TAPIA
5904 S.W. 64 PLACE
MIAMI, FL 331432056

New Principal Place of Business:

Current Mailing Address:

C/O DR. MOIEZ A. TAPIA
5904 S.W. 64 PLACE
MIAMI, FL 331432056

New Mailing Address:

FEI Number: 65-0268904

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: TAPIA, MOIEZ DR
Address: 5904 SW 64 PLACE
City-St-Zip: MIAMI, FL 331432056

Title: VCD () Delete
Name: ZAFAR, SYED F.,
Address: 6602 SW 61ST TERR.
City-St-Zip: MIAMI, FL

Title: VCD () Delete
Name: RAHMAN, NASIM A ESQ
Address: 1420 BAYSHORE DRIVE, #1604
City-St-Zip: MIAMI, FL 33131

Title: SD () Delete
Name: FASIHI, SADARUR HASAN
Address: 5931 SW 46TH ST
City-St-Zip: MIAMI, FL

Title: TD () Delete
Name: NAQUI, NASIMUDDIN
Address: 3950 SW 121ST AVE
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: MOTORWALA, SHABBIK H.
Address: 6800 SW 135TH AVE
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MOIEZ A. TAPIA

VD

01/05/2004

Electronic Signature of Signing Officer or Director

Date