

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90143 034 ****61.25

DOCUMENT # N38380

1. Entity Name

HUSSEINI ISLAMIC CENTER OF FLORIDA, INC.

Principal Place of Business

Mailing Address

5211 HESTER AVE
 SANFORD FL 32773
 US

1125 BROWNSHIRE CT
 LONGWOOD FL 32779
 US

2. Principal Place of Business

3. Mailing Address

800 ROSSWELL COVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
HEATHROW FL

4. FEI Number

59-3131142

Applied For

Not Applicable

Zip

Country

Zip

Country

32746

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LADAK, ZULFIKAR
323 NEEDLES TRAIL
LONGWOOD FL 32779

Name

~~MANJI, MEHBUB~~

Street Address (P.O. Box Number is Not Acceptable)

~~800 ROSSWELL COVE~~

City

~~HEATHROW 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	D FAZAL, LIYAKATALI <input type="checkbox"/> Delete LIYAKATALI 1114 GREENSTONE BLVD., #10 HEATHROW FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANJI, MEHBUB <input type="checkbox"/> Delete MEHBUB 800 ROSSWELL COVE HEATHROW FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LADAK, ZULFIKAR <input type="checkbox"/> Delete ZULFIKAR 323 NEEDLES TRAIL LONGWOOD FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DHANJI, RAZA <input type="checkbox"/> Delete RAZA 614 RENAISSANCE PT., #305 ALTAMONTE SPRINGS FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAZAL, LIYAKATALI <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LIYAKATALI 1114 GREENSTONE BLVD, #10 HEATHROW FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANJI, MEHBUB <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MEHBUB 800 ROSSWELL COVE HEATHROW FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LADAK, ZULFIKAR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ZULFIKAR 323 NEEDLES TRAIL LONGWOOD FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DHANJI, RAZA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition RAZA 1616 PINE HAY DRIVE LAKE MARY FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHATOD, JABIR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JABIR 758 POWDERHORN CIRCLE LAKE MARY FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 (PRESIDENT)**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/01 **407-330-7383**
 Date Daytime Phone #

CR2E037 (10/00)