

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2001 8:00 am
Secretary of State

0011562

DOCUMENT # N50793

1. Entity Name

THE ISLAMIC COMMUNITY OF TAMPA, INC.



Principal Place of Business

5910 E 130TH AVE
 TAMPA FL 33617

Mailing Address

5910 E 130TH AVE
 TAMPA FL 33617

A0084488



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3236474

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AL-ARIAN, SAMI A.
5207 E 127TH AVE
TAMPA FL 33617

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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
After September 12, 2001, min. will be \$236.25

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	AL-ARIAN, SAMI A.	
STREET ADDRESS	5207 E 127TH AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SAWALHA, NABEEL	
STREET ADDRESS	5108 ARBOR POINTE CIR. #905	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	T	<input type="checkbox"/> Delete
NAME	SALHAB, NOOR	
STREET ADDRESS	12402 PAMPAS PL	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALVI, ATIQ Mustafa	
STREET ADDRESS	24319 TWIN LAKE DR	
CITY-ST-ZIP	LAND-O-LAKE FL 34639	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SAAD, MUHIEDDINE	
STREET ADDRESS	7404 DEL BONITA CT #82	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENKHALED, MOHAMED	
STREET ADDRESS	7404 DEL BONITA CT #82 6110 E. 112 Ave.	
CITY-ST-ZIP	TAMPA FL 33617	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bakr Awshah	
STREET ADDRESS	4803 E. Poinsettia Ave.	
CITY-ST-ZIP	Tampa, FL 33617	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Yousri Nasr	
STREET ADDRESS	10707 Windmere Rd	
CITY-ST-ZIP	Tampa, FL 33617	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Abdel Majeed Biuk	
STREET ADDRESS	5903 E. 130th Ave.	
CITY-ST-ZIP	Tampa, FL 33617	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sameeh Hammoudah	
STREET ADDRESS	5903 E. 130th Ave.	
CITY-ST-ZIP	Tampa, FL 33617	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Abdel Raouf Dabus	
STREET ADDRESS	5903 E. 130th Ave.	
CITY-ST-ZIP	Tampa, FL 33617	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mazen al-Najjar	
STREET ADDRESS	P.O. Box 291595	
CITY-ST-ZIP	Tampa, FL 33687	

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:

SIG/MUJRE/AL-KHALED

9/2/2001

Treasurer

CR2E037 (5/01)