FILE NOW: FILING FEE IS $61.25

FILED
Apr 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000002523 (7)**

1. Corporation Name

DARUL ULOOM FLORIDA, INC.

Principal Place of Business	Mailing Address
4710 W IRLO BRONSON MEMORIAL HWY KISSIMMEE FL 34746	4710 W IRLO BRONSON MEMORIAL HWY KISSIMMEE FL 34746-5325

3. Date Incorporated or Qualified: 05/26/1995
3a. Date of Last Report: 02/06/1996

2. Principal Place of Business
21 2350 OLD VINELAND RD
Suite, Apt. #, etc. 22
City & State 23 KISSIMMEE, FL
Zip 24 34746 Country 25 OSCEOLA

2a. Mailing Address
26 2350 OLD VINELAND RD
Suite, Apt. #, etc. 27
City & State 28 KISSIMMEE, FL
Zip 29 34746 Country 30 OSCEOLA

4. FEI Number: 59-3323166 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GASPERONI, EMIL A. JR.
505 WEKIVA SPRINGS ROAD SUITE 800
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	IQBAL, MOHAMMAD		1.2 NAME	IQBAL, MOHAMMAD	
STREET ADDRESS	4710 W IRLO BRONSON MEMORIAL HWY		1.3 STREET ADDRESS	2350 OLD VINELAND ROAD	
CITY-ST-ZIP	KISSIMMEE FL 34746		1.4 CITY-ST-ZIP	KISSIMMEE, FL 34746	
TITLE	D	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	KHAN, BASHIR H		2.2 NAME	KHAN, BASHIR H	
STREET ADDRESS	4710 W IRLO BRONSON MEMORIAL HWY		2.3 STREET ADDRESS	2350 OLD VINELAND RD	
CITY-ST-ZIP	KISSIMMEE FL 34746		2.4 CITY-ST-ZIP	KISSIMMEE, FL 34746	
TITLE	D	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	KHAN, AURANGZEB		3.2 NAME	MOHAMMAD ARIF UDDIN	
STREET ADDRESS	4710 W IRLO BRONSON MEMORIAL HWY		3.3 STREET ADDRESS	2350 OLD VINELAND RD	
CITY-ST-ZIP	KISSIMMEE FL 34746		3.4 CITY-ST-ZIP	KISSIMMEE, FL 34746	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or added, above with an address.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0070084