DOCUMENT # N95000003922

1. Entity Name

ISTIQAAMAH FOUNDATION, INC.

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FILED
Sep 11, 2000 8:00 am
Secretary of State
09-11-2000 90073 047 ****70.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
545 WEST CENTRAL BLVD. ORLANDO FL 32801	P.O. BOX 555486 ORLANDO FL 32855

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.: 4306 S. SEMORAN BLVD	Suite, Apt. #, etc.
City & State: ORLANDO, FL	City & State
Zip: 32822 / Country	Zip / Country

4. FEI Number: 59-3331546 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GASPERONI, EMIL A JR.
931 WEKIVA SPRINGS RD.
LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name

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

City **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
After September 13, 2000 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AT-THAHABI, ABU USAMA 2301 S. SEMORAN BLVD., APT. 38 ORLANDO FL 32822	☒ Delete	D SHAHEED ALI 3000 ILLINGWORTH AVENUE ORLANDO FL 32806	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ABDUL-AHAD, SAIFUL-ISLAM 7912 PINE CROSSING CIRCLE, APT. 621 ORLANDO FL 32875	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ABDURRASHID, BILAL 2412 HIBBARD TRAIL ORLANDO FL 32766	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (5/00)

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: B. ABDURRASHID ABU USAMA SAIFUL-ISLAM ABDUL-AHAD ABDURRASHID 9/7/00 (407) 306-1393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #