

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003922
1. Entity Name
ISTIQAMAH FOUNDATION, INC.

Principal Place of Business
4306 S Semoran Blvd
Orlando, FL 32872
Mailing Address
P.O. Box 721324
Orlando, FL 32872

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 59-3331546
Applied For
Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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 Robert W. Squires, JR.
Street Address (P.O. Box Number is Not Acceptable)
9204 Palm Tree Drive
City Windermere FL Zip Code 34786

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 *Robert W. Squires, JR.*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
400004719324-4
-12/11/01--01070--023
11/15/01 *****51.25
DATE

FILE NOW:
FEE IS \$81.25
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 NAME ☐ Delete
STREET ADDRESS CITY-ST-ZIP
D Abdul-Ahad, Saiful-Islam, 7912 Pine Crossing Circle, apt 621, Orlando, FL 32807
TITLE NAME ☐ Delete
STREET ADDRESS CITY-ST-ZIP
D Abdurrahid, Bilal 2412 Hibbard Tr., Chuluota, FL 32766
TITLE NAME ☐ Delete
STREET ADDRESS CITY-ST-ZIP
D Ali, Shaheed 3000 ILLingworth Ave., Orlando, FL 32806
TITLE NAME ☐ Delete
STREET ADDRESS CITY-ST-ZIP
TITLE NAME ☐ Delete
STREET ADDRESS CITY-ST-ZIP
TITLE NAME ☐ Delete
STREET ADDRESS CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME ☐ Change ☒ Addition
STREET ADDRESS CITY-ST-ZIP
D Jalal M. Abualrub 9549 Trulock Ct., Orlando, FL 32817
TITLE NAME ☐ Change ☒ Addition
STREET ADDRESS CITY-ST-ZIP
D Abdelhadi EL Moutaouakil 219 Pacemaker St., Orlando, FL 32809
TITLE NAME ☐ Change ☒ Addition
STREET ADDRESS CITY-ST-ZIP
D Mohammed Belfadil 1905 Mast Terrace, #102 Kissimmee FL 34741
TITLE NAME ☐ Change ☒ Addition
STREET ADDRESS CITY-ST-ZIP
D Brahim Hamouni 5587 Devon Briar Way, Ap. # 208, Orlando, FL 32822
TITLE NAME ☐ Change ☒ Addition
STREET ADDRESS CITY-ST-ZIP
D Mohammad Matiou, 7620 Govern Blvd., Orlando, FL 32822
TITLE NAME ☐ Change ☒ Addition
STREET ADDRESS CITY-ST-ZIP
D Robert W. Squires, JR., 9204 Palm Tree Drive, Windermere, FL 34786

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: JALAL M. ABUALRUB 11-11-01 4076791711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

amended FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
01 NOV 27 PM 1:32

CR2E107 (11/00)