

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N95000003922

FILED
May 26, 2003
Secretary of State

Entity Name: ISTIQAAMAH FOUNDATION, INC.

Current Principal Place of Business:

4306 S SEMORAN BLVD
ORLANDO, FL 32822

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 721324
ORLANDO, FL 32872

New Mailing Address:

FEI Number: 59-3331546

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SQUIRES, ROBERT W JR.
9204 PALM TREE DRIVE
WINDERMERE, FL 34786 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ABDUL-AHAD, SAIFUL-ISLAM
Address: 7912 PINE CROSSING CIRCLE, APT. 621
City-St-Zip: ORLANDO, FL 32875

Title: D () Delete
Name: ABDURRASHID, BILAL
Address: 2412 HIBBARD TRAIL
City-St-Zip: ORLANDO, FL 32766

Title: D () Delete
Name: ALI, SHAHEED
Address: 3000 ILLINGSWORTH AVE
City-St-Zip: ORLANDO, FL 32806

Title: D (X) Delete
Name: ABUALRUB, JALAL M
Address: 9549 TRULOCK CT
City-St-Zip: ORLANDO, FL 32817

Title: D () Delete
Name: MOUTAOUAKIL, ABDELHADI E
Address: 219 PACEMAKER ST
City-St-Zip: ORLANDO, FL 32809

Title: D (X) Delete
Name: BELFADIL, MOHAMMED
Address: 1905 MAST TERRACE #102
City-St-Zip: KISSIMMEE, FL 34741

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BILAL ABDURRASHID

D

05/26/2003

Electronic Signature of Signing Officer or Director

Date