

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004688

1. Entity Name

MUSLIM CHARITABLE ORGANIZATION OF SOUTH FLORIDA,

**FILED**  
**Jul 18, 2000 8:00 am**  
**Secretary of State**

07-18-2000 90030 001 \*\*\*\*61.25

07-18-2000 90030 002 \*\*\*\*8.75

Principal Place of Business

4760 NE 27TH AVE  
FORT LAUDERDALE FL 33308

Mailing Address

4760 NE 27TH AVE  
FORT LAUDERDALE FL 33308

2. Principal Place of Business

3. Mailing Address

P.O. Box 11984

Suite, Apt. #, etc.

FT. LAUDERDALE

City & State

FL 33339

Zip

Country

Zip

Country

4. FEI Number

65-0701462

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

7. Name and Address of New Registered Agent

HUSSAIN, SYED IQBAL DR  
4760 NE 27TH AVE  
FORT LAUDERDALE FL 33308

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 PD  
NAME HUSAIN, SYED M. IQBAL DR  
STREET ADDRESS 4760 NE 27TH AVE  
CITY-ST-ZIP FORT LAUDERDALE FL 33308

TITLE "S"  
NAME DR. Mohd ILLYAS  
STREET ADDRESS 21290- HOGELWOOD LANE  
CITY-ST-ZIP BOCA RATON FL 33428

TITLE D  
NAME HAQ, SALEEM A DR  
STREET ADDRESS 8130 NW 47TH DRIVE  
CITY-ST-ZIP CORAL SPRINGS FL 33067

TITLE "D"  
NAME Mohd IQBAL  
STREET ADDRESS 8200 N.W. 40th Ct  
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE TD  
NAME SIDDIQUI, MOHAMMAD A  
STREET ADDRESS 12340 TIFTON CT  
CITY-ST-ZIP BOCA RATON FL 33428

TITLE "D"  
NAME RAIS Khan  
STREET ADDRESS 11708- N.W. 27th St  
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE "D"  
NAME ANWAR HARON  
STREET ADDRESS 9795- N.W. 48th DR  
CITY-ST-ZIP Coral Springs FL 33076

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE "D"  
NAME Mohd. JAVED QURESHI  
STREET ADDRESS 8961- N.W. 8th St  
CITY-ST-ZIP Pembroke Pines FL 33024

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE "D"  
NAME Khurram ALAM  
STREET ADDRESS 15636- S.W. 17th St  
CITY-ST-ZIP DAVIE FL 33326

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:

SIGNATURE REQUIRED

CHAIRMAN

7-11-00

954-938-0087

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #