2001 UNIFORM BUSINESS REPORT (UBR)

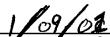
FILED Jan 31, 2001 8:00 am Secretary of State DOCUMENT # N9900000540 1. Entity Name MUSLIM COMMUNITY OF BELLE GLADE, INC. 01-31-2001 90306 009 ****61.25 Principal Place of Business Mailing Address 624 RANCHERO RD., #2 624 RANCHERO RD., #2 BELLE GLADE FL 33430 BELLE GLADE FL 33430 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0888306 Not Applicable Zip Zip \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HEFFERNAN, RICHARD L CPA 2911 E. MAIN ST. PAHOKEE FL 33476 City Zip Code FL 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) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITI F ☐ Addition ☐ Delete TITLE SA'AD, ODEH NAME NAME STREET ADDRESS 624 RANCHERO RD., #2 STREET ADDRESS CITY-ST-ZIP **BELLE GLADE FL 33430** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME TINA, AHMAD M NAME STREET ADDRESS 216 NE 2ND ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BELLE GLADE FL 33430** ☐ Delete Change ☐ Addition MATARI, HASSAN M NAME STREET ADDRESS STREET ADDRESS 706 NE 3RD ST. CITY-ST-ZIP CITY-ST-ZIP BELLE GLADE FL 33430 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME ABBAS, RAHAT DR. NAME STREET ADDRESS STREET ADDRESS 1000 NE 2ND ST., #B CITY-ST-ZIP CITY-ST-ZIP BELLE GLADE FL 33430 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE → Delete _TITLE ☐ Change ☐ Addition NAME NAME STREET AODRESS STREET ADDRESS

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.

CITY-ST-ZIP

CITY-ST-ZIP





561-996-6411