

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 22, 2003 8:00 am**  
**Secretary of State**

08-22-2003 90101 036 \*\*\*\*61.25

**DOCUMENT # N99000000540**

1. Entity Name  
**MUSLIM COMMUNITY OF BELLE GLADE, INC.**



Principal Place of Business      Mailing Address

**624 RANCHERO RD.. #2  
BELLE GLADE FL 33430**      **624 RANCHERO RD.. #2  
BELLE GLADE FL 33430**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business      3. Mailing Address

**500 S.E. 9th St  
Suite, Apt. #, etc.  
Belle Glade, FL  
City & State  
33430**      **608 EL PRADO DR #1  
Suite, Apt. #, etc.  
Belle Glade, FL  
City & State  
33430**

Zip      Country      Zip      Country

4. FEI Number **65-0888306**      Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**HEFFERNAN, RICHARD L CPA  
2911 E. MAIN ST.  
PAHOKEE FL 33476**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	SA'AD, ODEH	
STREET ADDRESS	624 RANCHERO RD., #2	
CITY-ST-ZIP	BELLE GLADE FL 33430	
TITLE	D	<input type="checkbox"/> Delete
NAME	TINA, AHMAD M	
STREET ADDRESS	216 NE 2ND ST	
CITY-ST-ZIP	BELLE GLADE FL 33430	
TITLE	D	<input type="checkbox"/> Delete
NAME	MUSLET, MOHAMAD H	
STREET ADDRESS	317 WEST AVE A	
CITY-ST-ZIP	BELLE GLADE FL 33430	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ABDEEN, MOHAMMAD	
STREET ADDRESS	628 EL PRADO DR # 1	
CITY-ST-ZIP	BELLE GLADE FL 33430	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZAYYAD, AU	
STREET ADDRESS	401 NE 2ND ST	
CITY-ST-ZIP	BELLE GLADE FL 33430	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	P/T/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAAD ODEH	
STREET ADDRESS	608 EL PRADO DR #1	
CITY-ST-ZIP	Belle Glade, FL 33430	
TITLE	D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TINA, AHMAD M	
STREET ADDRESS	216 NE 2nd St	
CITY-ST-ZIP	Belle Glade, FL 33430	
TITLE	D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUSLET, MOHAMAD H	
STREET ADDRESS	317 W AVE A	
CITY-ST-ZIP	Belle Glade, FL 33430	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 RESIGNED      7.7.03      561.996.6411

CR2E037 (4/03)