

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738794

Entity Name: MUSLIM COMMUNITIES ASSOCIATION OF SOUTH FLORIDA, INC**FILED**
Jan 09, 2014
Secretary of State
CC2264440303**Current Principal Place of Business:**4305 N.W. 183 ST.
MIAMI, FL 33055**Current Mailing Address:**4305 N.W. 183 ST.
MIAMI, FL 33055 US**FEI Number: 31-1290682****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MIRZA, KHALID M
4305 NW 183 ST
MIAMI, FL 33055 US*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**Officer/Director Detail :**Title CHAIRPERSON
Name MIRZA, KHALID M
Address 4305 N.W. 183 ST.
City-State-Zip: MIAMI FL 33055Title SOCIAL SECRETARY
Name FAROOQI, TARIQ A
Address 4305 N.W. 183 ST.
City-State-Zip: MIAMI FL 33055Title VICE CHAIRPERSON
Name MANSURI, SHOYEB
Address 4305 N.W. 183 ST.
City-State-Zip: MIAMI FL 33055Title GENERAL SECRETARY
Name GIBRILL, HASHIM
Address 4305 N.W. 183 ST.
City-State-Zip: MIAMI FL 33055Title FINANCE SECRETARY
Name SURIYA, SALEM M
Address 4305 N.W. 183 ST.
City-State-Zip: MIAMI FL 33055Title WOMANS COORDINATOR
Name SYED, AZRA
Address 4305 N.W. 183 ST.
City-State-Zip: MIAMI FL 33055Title EDUCATION SECRETARY
Name SUBHANI, ZAKIA
Address 4305 NW 183 ST
City-State-Zip: MIAMI GARDENS FL 33055

I hereby 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 all other like empowered.

SIGNATURE: SALEM SURIYA**FINANCE SECRETARY****01/09/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date