2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000001947

Entity Name: COALITION OF SOUTH FLORIDA MUSLIM ORGANIZATIONS,

INC.

Current Principal Place of Business:

6800 SW 135 AVE MIAMI, FL 33183

Current Mailing Address:

6800 SW 135 AVE MIAMI, FL 33183 US

FEI Number: 45-4441894 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MOTORWALA, SHABBIR. 6800 SW 135 AVE MIAMI, FL 33183 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: SHABBIR MOTORWALA 05/01/2023

Electronic Signature of Registered Agent

Officer/Director Detail:

Title DIR Title DIR

Name MIRZA, KHALID Name SHAKIR, MOHAMMED

Address 14001 MUSTANG TRAIL Address 10290 NE 2 AVE

City-State-Zip: SOUTHWEST RANCH FL 33330-3632 City-State-Zip: NORTH SHORE FL 33138

Title **DIRECTOR** Title DIR

Name MOTORWALA, SHABBIR Name JAFFER, MOHSIN Address 6800 SW 135 AVE Address 3410 STALLION AVE

City-State-Zip: WESTON FL 33331-3035 City-State-Zip: MIAMI FL 33183

Title **DIRECTOR** Title DIRECTOR

Name SIDDIQUI, TEHSIN Name ULUTAS, MEHMET Address 15358 SW 37 ST 8811 W 34 CT Address City-State-Zip: DAVIE FL 33331 City-State-Zip: HIALEAH FL 33018-1879

DIRECTOR Title Title **DIRECTOR** Name RIZVI, JAMIL Name BILLOO, YASIR

Address 10440 BUENOS AIRES ST Address 1521 SW 190 AVENUE

COOPER CITY FL 33026 City-State-Zip: PEMBROKE PINES FL 33029 City-State-Zip:

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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: SHABBIR MOTORWALA

DIRECTOR

05/01/2023

Date

FILED May 01, 2023

Secretary of State

0716203396CC

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR Title

NameSHEHADEH, JAJAL JAY ESQ.NameSHAH, FAIKAAddressSHEHADEH GIANNAMORE PLLCAddress934 SW 159 LN

620 S LEJUNE ROAD City State 7 in DEMARDONE DI

City-State-Zip: PEMBROKE PINES FL 33027

DIRECTOR