

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000001947

**FILED**  
**Aug 28, 2020**  
**Secretary of State**  
**7675597876CC**

**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

08/28/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIR  
Name MIRZA, KHALID  
Address 14001 MUSTANG TRAIL  
City-State-Zip: SOUTHWEST RANCH FL 33330-3632

Title DIR  
Name SHAKIR, MOHAMMED  
Address 10290 NE 2 AVE  
City-State-Zip: NORTH SHORE FL 33138

Title DIR  
Name SALAHUDDIN, PATRICIA  
Address 11635 NE 21 DRVIE  
City-State-Zip: NORTH MIAMI FL 33181-3209

Title DIR  
Name MOTORWALA, SHABBIR  
Address 6800 SW 135 AVE  
City-State-Zip: MIAMI FL 33183

Title DIRECTOR  
Name JAFFER , MOHSIN  
Address 3410 STALLION AVE  
City-State-Zip: WESTON FL 33331-3035

Title DIRECTOR  
Name ULUTAS, MEHMET  
Address 8811 W 34 CT  
City-State-Zip: HIALEAH FL 33018-1879

Title DIRECTOR  
Name SIDDIQUI, TEHSIN  
Address 15358 SW 37 ST  
City-State-Zip: DAVIE FL 33331

Title DIRECTOR  
Name BILLOO, YASIR  
Address 1521 SW 190 AVENUE  
City-State-Zip: PEMBROKE PINES FL 33029

**Continues on page 2**

*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**

08/28/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           RIZVI, JAMIL  
Address        10440 BUENOS AIRES ST  
City-State-Zip: COOPER CITY FL 33026