DOCUMENT	# N11000003028	

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: MUSLIM CEMETERY OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

4870 OLD TAMPA HWY KISSIMMEE, FL 34758

Current Mailing Address:

4870 OLD TAMPA HWY KISSIMMEE, FL 34758 US

FEI Number: 45-1067986

Name and Address of Current Registered Agent:

HAQUE, AMIN 7232 W SAND LAKE ROAD 102 ORLANDO, FL 32819 US

Certificate of Status Desired: No

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

Officer/Director Detail :

Title	VP	Title	PRESIDENT		
Name	SADAT, GOLAM N	Name	HASSOUNEH, JAMAL		
Address	2881 OCONNELL DRIVE	Address	1569 CARRINGTON AVENUE		
City-State-Zip:	KISSIMMEE FL 34741	City-State-Zip:	WINTER SPRINGS FL 32708		
Title	TR	Title	SECRETARY		
Name	HAQUE, AMIN	Name	ALI, KUDRAT		
Address	2852 O'CONNELL DRIVE	Address	8519 FOREST RUN LANE		
City-State-Zip:	KISSIMMEE FL 34741	City-State-Zip:	ORLANDO FL 32836		
Title	ASST. TREASURER	Title	DIRECTOR		
Title Name	ASST. TREASURER IQBAL, MOHAMMAD	Title Name	DIRECTOR AHMAD, SAEED		
Name	IQBAL, MOHAMMAD	Name	AHMAD, SAEED		
Name Address	IQBAL, MOHAMMAD 2861 PAIGE DR	Name Address	AHMAD, SAEED 1520 N. JOHN YOUNG PKWY.		
Name Address City-State-Zip:	IQBAL, MOHAMMAD 2861 PAIGE DR KISSIMMEE FL 34741	Name Address City-State-Zip:	AHMAD, SAEED 1520 N. JOHN YOUNG PKWY. KISSIMMEE FL 34741		
Name Address City-State-Zip: Title	IQBAL, MOHAMMAD 2861 PAIGE DR KISSIMMEE FL 34741 ASST. TREASURER	Name Address City-State-Zip: Title	AHMAD, SAEED 1520 N. JOHN YOUNG PKWY. KISSIMMEE FL 34741 DIRECTOR		
Name Address City-State-Zip: Title Name	IQBAL, MOHAMMAD 2861 PAIGE DR KISSIMMEE FL 34741 ASST. TREASURER ISLAM, HUZZATUL	Name Address City-State-Zip: Title Name	AHMAD, SAEED 1520 N. JOHN YOUNG PKWY. KISSIMMEE FL 34741 DIRECTOR ABDARI, MOHAMED		

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: AMIN HAQUE

TR

Date

Electronic Signature of Signing Officer/Director Detail