Entity Name: MUSLIM	CEMETERY OF CENTRAL FLORIDA, INC.	

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

# Current Principal Place of Business:

4870 OLD TAMPA HWY KISSIMMEE, FL 34758

#### **Current Mailing Address:**

DOCUMENT# N1100003028

7232 SANDLAKE ROAD STE 205 ORLANDO, FL 32819 US

## FEI Number: 45-1067986

Name and Address of Current Registered Agent:

HAQUE, AMIN 7232 W SAND LAKE ROAD 205 ORLANDO, FL 32819 US FILED Apr 21, 2022 Secretary of State 7427744667CC

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	TB	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 ASST. TREASURER	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	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 2769 TROPICAL LAKE DR	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

TREASURER

04/21/2022

Date

Electronic Signature of Signing Officer/Director Detail

Date