DOCUMENT# N11000003028
Entity Name: MUSLIM CEMETERY OF CENTRAL FLORIDA, INC.

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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 FILED May 01, 2016 Secretary of State CC2001621752

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	SEC	Title	TR		
Name	AL-SAYEED, KAISAR	Name	HAQUE, AMIN		
Name	AL-SATEED, NAISAR				
Address	2500 PARADISE CIRCLE	Address	2852 O'CONNELL DRIVE		
City-State-Zip:	KISSIMMEE FL 34741	City-State-Zip:	KISSIMMEE FL 34741		
Title	VP	Title	ASST. TREASURER		
Name	ALI, KUDRAT	Name	IQBAL, MOHAMMAD		
Address	8519 FOREST RUN LANE	Address	2861 PAIGE DR		
City-State-Zip:	ORLANDO FL 32836	City-State-Zip:	KISSIMMEE FL 34741		
Title	DIRECTOR	Title	ASST. TREASURER		
Name	AHMAD, SAEED	Name	ISLAM, HUZZATUL		
Address	1520 N. JOHN YOUNG PKWY.	Address	2769 TROPICAL LAKE DR		
City-State-Zip:	KISSIMMEE FL 34741	City-State-Zip:	KISSIMMEE FL 34741		

## 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: JAMAL HASSOUNEH

PRESIDENT

Date

Electronic Signature of Signing Officer/Director Detail

Date

# **Officer/Director Detail Continued :**

Title	DIRECTOR	
Name	ABDARI, MOHAMED	
Address	4870 OLD TAMPA HWY	
City-State-Zip:	KISSIMMEE FL 34758	