

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000002168

Entity Name: AISHA CULTURAL CENTERS, INC.**Current Principal Place of Business:**422 S. ALAFAYA TR.
SUITE 29
ORLANDO, FL 32828**Current Mailing Address:**422 S. ALAFAYA TR.
SUITE 29
ORLANDO, FL 32828**FEI Number:** 47-3304964**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HASSOUNEH, JAMAL
422 S. ALAFAYA TR.
SUITE 29
ORLANDO, FL 32828 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	D
Name	HASSOUNEH, JAMAL
Address	422 S. ALAFAYA TR. #29
City-State-Zip:	ORLANDO FL 32828

Title	D
Name	ZEINI, MAMDOUH
Address	422 S. ALAFAYA TR. #29
City-State-Zip:	ORLANDO FL 32828

Title	D
Name	NASER, SALEH
Address	422 S. ALAFAYA TR. #29
City-State-Zip:	ORLANDO FL 32828

Title	D
Name	MIRZA, AFZAL
Address	422 S. ALAFAYA TR. #29
City-State-Zip:	ORLANDO FL 32828

Title	D
Name	ABUSUWA, JAMAL
Address	422 S. ALAFAYA TR. #29
City-State-Zip:	ORLANDO FL 32828

Title	D
Name	ZEINI, IBRAHIM
Address	422 S. ALAFAYA TR. #29
City-State-Zip:	ORLANDO FL 32828

Title	DIRECTOR
Name	MAACH, MOURAD
Address	17169 SUNFLOWER TRAIL
City-State-Zip:	ORLANDO FL 32828

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: SALEH NASER

D

04/30/2022

Electronic Signature of Signing Officer/Director Detail_____
Date