

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90043 049 ****70.00

DOCUMENT # 712767

1. Corporation Name

MASJID AL-ANSAR, INC.

Principal Place of Business
**5245 NORTHWEST 7TH AVENUE
MIAMI FL 33127**

Mailing Address
**5245 NORTHWEST 7TH AVENUE
MIAMI FL 33127**

107016-80043-49 6
DEPARTMENT OF STATE



2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

3. Date Incorporated or Qualified

05/18/1967

4. FEI Number

59-1742787

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SALIM, HASAN ABDUL
4122 NW 11 COURT
MIAMI FL 33127**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **S** ☐ DELETE

NAME **SABIR, NASHID**
STREET ADDRESS **5245 NW AVENUE**
CITY-ST-ZIP **MIAMI FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE **DT** ☐ DELETE

NAME **SALIM, HASAN**
STREET ADDRESS **4122 NW 11 COURT**
CITY-ST-ZIP **MIAMI FL**

1.2 NAME ☐ Change ☐ Addition

TITLE **DP** ☐ DELETE

NAME **NURIDDIN, FRED**
STREET ADDRESS **1740 N W 189 TERR**
CITY-ST-ZIP **MIAMI FL**

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE **DV** ☐ DELETE

NAME **SALAHUDDIN, KHALIB**
STREET ADDRESS **11175 E GULF DR.**
CITY-ST-ZIP **MIAMI FL**

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

NAME **ASAD, TARIQ**
STREET ADDRESS **18610 N.W. 28TH PL.**
CITY-ST-ZIP **MIAMI FL**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

**5245 N.W. 7 AVE
MIAMI, FL 33127**

2.5 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Hasan Sabir* **SIGNATURE REQUIRED**

1-10-99

(305) 757-8741

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)