

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90032 013 ****61.25

DOCUMENT # 732767

1. Entity Name

KAZAH TEMPLE #149 OF MIAMI, FLORIDA - A. E. A.

Principal Place of Business

Mailing Address

P.O. BOX 2515
 OPA LOCKA FL 33055

P.O. BOX 2515
 OPA LOCKA FL 33055

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6544122

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ELLIS, JOSEPH
2290 NW 107TH ST
CAROL CITY BRANCH
MIAMI FL 33169

Name

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

City

FL

Zip Code

8. 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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE _____ Delete
 NAME **PD RUSSELL, WALTER P**
 STREET ADDRESS **3421 JAVAPLUM AVE**
 CITY-ST-ZIP **MIRAMAR FL 33025**

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Delete
 NAME **VD BRYANT, FREDRICK**
 STREET ADDRESS **27841 SW. 132 CT.**
 CITY-ST-ZIP **HOMESTEAD FL 33032**

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Delete
 NAME **S WORTHEY, THEODIS**
 STREET ADDRESS **17700 NW 144 CT**
 CITY-ST-ZIP **MIAMI FL**

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Delete
 NAME **T GRANT, JAY B**
 STREET ADDRESS **18474 SW 87 CT**
 CITY-ST-ZIP **MIAMI FL**

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Delete
 NAME **VD THOMPSON, CLAUDE**
 STREET ADDRESS **20 NE 45TH ST.**
 CITY-ST-ZIP **MIAMI FL 33137**

TITLE _____ Change Addition
 NAME **VD SANDERS, RODNEY**
 STREET ADDRESS **21132 NW 29th CT**
 CITY-ST-ZIP **MIAMI FLA 33056**

TITLE _____ Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01

Date

Daytime Phone #

CR2E037 (10/00)