

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90417 034 \*\*\*\*61.25

**DOCUMENT # 732767**

1. Entity Name

**KAZAH TEMPLE #149 OF MIAMI, FLORIDA - A. E. A.  
 O. N. M. S. OF N. AND S. AMERICA AND ITS JURIDIC**

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



DO NOT WRITE IN THIS SPACE

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

TITLE **PD**  Change  Addition  
 NAME **FREDERICK BRYANT**  
 STREET ADDRESS **27841 SW 132ND CT**  
 CITY-ST-ZIP **HOMESTEAD, FLA 33032**

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VD**  Delete  
 NAME **SANDERS, RODNEY**  
 STREET ADDRESS **21132 NW 29TH CT**  
 CITY-ST-ZIP **OPA LOCKA FL 33056**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/5/02*

Date

*(305)624-8639*

Daytime Phone #

CR2E037 (9/01)