

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 733706

1. Entity Name

ISLAMIC SOCIETY OF CENTRAL FLORIDA, INC.

FILED
Mar 16, 2000 8:00 am
Secretary of State

03-16-2000 90086 007 ****70.00

Principal Place of Business ISCF 1089 N GOLDENROD RD ORLANDO FL 32807 US	Mailing Address PO BOX 338 GOLDENROD FL 32733-0338 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 51-0188054	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MURSI, MUHAMMAD 1089 N. GOLDENROD RD. ORLANDO FL 32807		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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: *Murfi Muhammad*
 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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MUSRI, MUHAMMAD 1089 N. GOLDENROD RD. ORLANDO FL 32807 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D W. Ernest Gibbs 3378 Hillmont Circle Orlando FL 32817 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MANSORI, ZUBAIR 915 SEMORAN BLVD. CASSELBERRY FL 32707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURAD THAKUR 5480 Curry Ford Road Orlando FL 32812 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QADRI, SYED M 1003 BRIGHTWATER CIR MAITLAND FL 32751 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Shaheda Akhtar 4564 Thomlea Road Orlando FL 32817 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABDUL-LATIF, KASU 8008 COTE CT ORLANDO FL 32836 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAROUK, ADAM 1221 RICHMOOR CIR ORLANDO FL 32807 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZAMAN, AHMADI B 412 BARCLAY CT ALTAMONTE SPGS FL 32701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Sig. Required* **SIGNATURE REQUIRED** **3/12/2000** **407-273-8363**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/99)