

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739619

1. Entity Name

ISLAMIC CIRCLE OF NORTH AMERICA, INCORPORATED

Principal Place of Business

404 E HWY 90  
P O BOX 6  
BONIFAY FL 32425

Mailing Address

404 E HWY 90  
P O BOX 6  
BONIFAY FL 32425-0006

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

59-1787301

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

YUNUS, M  
404-E HWY 90  
BONIFAY FL 32425

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 D  
STREET ADDRESS ZULFIQAR, ALI S  
CITY-ST-ZIP ISLAMIC CENTER  
JACKSONVILLE FL

TITLE ☐ Change ☐ Addition  
NAME T  
STREET ADDRESS MANZOR KHALID  
CITY-ST-ZIP 205-CROSS CREEK DR  
LILBURN, GA, 30047

TITLE ☒ Delete  
NAME T  
STREET ADDRESS SADIO, SUHAIL  
CITY-ST-ZIP 166-26 89TH AVE  
JAMAICA NY

TITLE ☒ Change ☐ Addition  
NAME D  
STREET ADDRESS BASHIR MALIK  
CITY-ST-ZIP 80-STUYVESANT AVE  
JERSEY CITY, N.J, 07306.

TITLE ☒ Delete  
NAME D  
STREET ADDRESS SAROYA, NAEEM  
CITY-ST-ZIP 800 CLIFFS DR STE 108  
YPSILANTI MI 48198

TITLE ☒ Change ☐ Addition  
NAME D  
STREET ADDRESS ASHRAF UZAMAN KHAN  
CITY-ST-ZIP 87-50 167TH ST 4C  
JAMAICA, N.Y. 11432

TITLE ☒ Delete  
NAME D  
STREET ADDRESS DIN, ZAHEERUD  
CITY-ST-ZIP 95-12 94TH ST  
OZONE PK NY 11416

TITLE ☐ Change ☐ Addition  
NAME P  
STREET ADDRESS YUNUS, M  
CITY-ST-ZIP 404-E HWY 90  
BONIFAY FL

TITLE ☐ Delete  
NAME D  
STREET ADDRESS KHAN, KHURSHID  
CITY-ST-ZIP 84-27 SMEDLEY ST  
BRIARWOOD NY 11435

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Mar 06, 2000 8:00 am  
Secretary of State

03-06-2000 90068 046 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)