

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739619

1. Entity Name

ISLAMIC CIRCLE OF NORTH AMERICA, INCORPORATED

Principal Place of Business

Mailing Address

404 E HWY 90
P O BOX 6
BONIFAY FL 32425

404 E HWY 90
P O BOX 6
BONIFAY FL 32425

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DT
NAME MANZOOR, KHALID
STREET ADDRESS 826 INDIAN LAKE DR
CITY-ST-ZIP LILBURN GA 30247

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME ALAM, WALI
STREET ADDRESS 1520 PANARAMA DR
CITY-ST-ZIP BIRMINGHAM AL 35216

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME JOYA, GUL B
STREET ADDRESS 12633 MEMORIAL DR #18
CITY-ST-ZIP HOUSTON TX 77042

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

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

Date

Daytime Phone #

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90027 035 *****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)