

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2003 8:00 am**  
**Secretary of State**

05-16-2003 90181 009 \*\*\*\*61.25

**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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Mohammad Yunus*

**MOHAMMAD YUNUS**

**4-25-03**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ZULFIQAR, ALI S</b> <b>ISLAMIC CENTER</b> <b>JACKSONVILLE FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>MANZOOR, KHALID</b> <b>828 INDIAN LAKE DR</b> <b>LILBURN GA 30247</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ALAM, WALI</b> <b>1520 PANARAMA DR</b> <b>BIRMINGHAM AL 35216</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JOYA, GUL B</b> <b>12633 MEMORIAL DR #18</b> <b>HOUSTON TX 77042</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>YUNUS, M</b> <b>404 E HWY 90</b> <b>BONIFAY FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KHAN, KHURSHID</b> <b>84-27 SMEDLEY ST</b> <b>BRIARWOOD NY 11435</b>	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>TALAT SULTAN</b> <b>ISLAMIC FOUNDATION, 300-W HIGHBRIDGE</b> <b>VILLAPARK, IL, 60181</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MUHAMMAD NASEEM SHAHZAD</b> <b>146 JEWETT AVE</b> <b>JERSEY CITY, NJ, 07304</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SHAHID RAFIQ</b> <b>2894 CAMINO DEL RIO</b> <b>RULLHEAD CITY, AZ, 86442</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MOHAMMAD YUNUS</b> <b>404 E HWY 90</b> <b>BONIFAY, FL, 32425</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FARRUKH RAZA</b> <b>55-A PHELPS AVE</b> <b>NEW BRUNSWICK, N.J, 08901</b>	<input checked="" 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:

*Mohammad Yunus*

**4-25-03**

**850-547-9284**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)