

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 745406

1. Entity Name

THE MUSLIM CENTER OF MIAMI, INC.

Principal Place of Business

7660 S.W. 82ND STREET, H207
MIAMI FL 33143

Mailing Address

7660 S.W. 82ND STREET, H207
MIAMI FL 33143-7342

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

59-2164195

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

HASSAN, HANI IBRAHIM
7660 SW 82ND ST
MIAMI FL 33143

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 ☐ Delete
NAME ZAHARIN, KAMAL A
STREET ADDRESS 5950 S.W. 74TH ST., APT 306
CITY-ST-ZIP MIAMI FL 33143

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DC ☐ Delete
NAME HASSAN, HANI I
STREET ADDRESS 7660 S.W. 82ND ST. H-207
CITY-ST-ZIP MIAMI FL 33143

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME AL-KOLAIB, IBRAHIM ALI
STREET ADDRESS 2218 CEDAR MILLS CT
CITY-ST-ZIP VIENNA VA 22182

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME AL-SAQRI, SALEH HAMAD
STREET ADDRESS 8500 HILLTOP ROAD
CITY-ST-ZIP FAIRFAX VA 22030

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME AL-JUMAA, ABDULAZIZ A
STREET ADDRESS 2102 UNIT B, GALLOWS ROAD
CITY-ST-ZIP VIENNA VA 22182

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME AL-JARPOA, SALEH M
STREET ADDRESS 9162 BLOOM COURT
CITY-ST-ZIP BURKE VA 22015

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90001 045 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)