

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 762393

1. Entity Name

ISLAMIC COMMUNITY OF SOUTH WEST FLORIDA, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90035 029 ****70.00

Principal Place of Business 25148 HARBOR VIEW RD CHARLOTTE HARBOR FL 33980	Mailing Address 25148 HARBOR VIEW RD CHARLOTTE HARBOR FL 33980-2512
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 25148 HARBOR VIEW RD CHARLOTTE HARBOR FL 33980	3. Mailing Address 25148 HARBOR VIEW RD CHARLOTTE HARBOR FL 33980-2512
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-2207380	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ISLAM, SARFRAZ M
105 S.W. GRAHAM ST
PORT CHARLOTTE FL 33952

7. Name and Address of New Registered Agent

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

TITLE D	<input type="checkbox"/> Delete
NAME IMAMI, RIAZUL H	
STREET ADDRESS 2118 AARON ST.	
CITY-ST-ZIP PORT CHARLOTTE FL	
TITLE D	<input type="checkbox"/> Delete
NAME MOOPEN, MOIDEEN	
STREET ADDRESS 2490 ABCOTT ST.	
CITY-ST-ZIP PORT CHARLOTTE FL	
TITLE D	<input type="checkbox"/> Delete
NAME SHEERMOHAMED, ALLIM	
STREET ADDRESS 2168 TAPEL CT	
CITY-ST-ZIP PUNTA GORDA FL	
TITLE D	<input type="checkbox"/> Delete
NAME SATTAR, RAFAEK	
STREET ADDRESS 38830 WASHINGTON LOOP RD.	
CITY-ST-ZIP PUNTA GORDA FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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: SARFRAZ M ISLAM 2-18-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)