

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 15, 2001 8:00 am**  
**Secretary of State**

02-15-2001 90019 001 \*\*\*\*61.25

**DOCUMENT # 762393**

1. Entity Name

**ISLAMIC COMMUNITY OF SOUTH WEST FLORIDA, INC.**

Principal Place of Business

Mailing Address

25148 HARBOR VIEW RD  
 CHARLOTTE HARBOR FL 33980

25148 HARBOR VIEW RD  
 CHARLOTTE HARBOR FL 33980

CO021416



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2207380

Applied For

Not Applicable

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

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

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

*Sarfraz M Islam*

2/12/01

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 IMAMI, RIAZUL H**  
 STREET ADDRESS **2118 AARON ST.**  
 CITY-ST-ZIP **PORT CHARLOTTE FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D MOOPEN, MOIDEEN**  
 STREET ADDRESS **2490 ABCSCOTT ST.**  
 CITY-ST-ZIP **PORT CHARLOTTE FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D SHEERMOHAMED, ALLIM**  
 STREET ADDRESS **2168 TAIPEL CT**  
 CITY-ST-ZIP **PUNTA GORDA FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D SATTAR, RAFAEK**  
 STREET ADDRESS **38830 WASHINGTON LOOP RD.**  
 CITY-ST-ZIP **PUNTA GORDA FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

*Sarfraz M Islam*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/12/01

941-426-4488

CR2E037 (10/00)