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

## DOCUMENT # 762393

1. Entity Name



**FILED** Jan 23, 2003 8:00 am Secretary of State 01-23-2003 90228 034 \*\*\*\*61.25

ISLAMIC (	COMMUNITY OF SOUTH WES	T FLORIDA, INC.			, 2005 90220 05 1	01.20
Principal Place of Business 25148 HARBOR VIEW RD CHARLOTTE HARBOR FL 33980		Mailing Address 25148 HARBOR VIEW RD CHARLOTTE HARBOR FL 33980		40007566		
2. Principal P	Place of Business	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 59-2207380 Applied For Not Applicable		
Zip	Country	Zip .	Country	5. Certificate of Status D	esired   \$8.75 Fee Requ	Additional uired
	6. Name and Address of Current F	Registered Agent		7. Name and Address o	f New Registered Agent	
			Name		•	
ISLAM, SARFRAZ M		Street Address		(P.O. Box Number is Not Acceptable)		
105 S.W. GRAHAM ST PORT CHARLOTTE FL 33952				<del></del> -		
rom on	MILOTIL TE GOSOZ		City	<del>,</del>	FL Zip C	ode
8. The above	named entity submits this statement for	the purpose of changing its re	egistered office or regist	tered agent, or both, in the Sta	ate of Florida. I am familiar w	ith, and accept
	tions of registered agent.					·
SIGNATURE .	Santra 2/8 a	u-			1-15-20	0 <u>3</u>
Ş/	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE: I	Registered Agent signature requir	red when reinstating)	DATE	
FILE NOW: FEE IS \$61.25  9. Election Campa Trust Fund Cont					,	
ı	FILE NOW: FEE IS \$61.25			\$5.00 May Be Added to Fees	Make Check Payab Florida Department o	
10.	OFFICERS AND DIR	Trust Fund Co		Added to Fees		f State
10. TITLE	OFFICERS AND DIRI	Trust Fund Co	11.	Added to Fees	Florida Department o	S IN 10
10. TITLE NAME	OFFICERS AND DIR	Trust Fund Co	11. TITLE NAME	Added to Fees	Florida Department of OFFICERS AND DIRECTORS	S IN 10
10. TITLE	OFFICERS AND DIR IMAMI, RIAZUL H 2118 AARON ST.	Trust Fund Co	11.	Added to Fees	Florida Department of OFFICERS AND DIRECTORS	S IN 10
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIR	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees	Florida Department of OFFICERS AND DIRECTORS	of State S IN 10 De
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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:** 

1-15-2003