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Apr 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 766686 (0)

1. Corporation Name
NUR-UL-ISLAM OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
10600 SW 59TH ST FT LAUDERDALE FL 33328 US	10600 SW 59TH ST FT LAUDERDALE FL 33328 US

3. Date Incorporated or Qualified: 01/25/1983

4. FEI Number: 59-2366188 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 10600 SW 59th Street	26 10600 SW 59th Street
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Ft. Lauderdale FL	City & State 28 Ft. Lauderdale FL
Zip 24 33328 Country 25 USA	Zip 29 33328 Country 30 USA

9. Name and Address of Current Registered Agent

KHAN, HUSMAN DR.
11550 NW 20TH STREET
PLANTATION ACRES FL 33323

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KHAN HUSMAN DR		1.2 NAME		
STREET ADDRESS	11550 NW 20TH STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL 33323		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	HAGI, RICHARD DEAN		2.2 NAME	DEAN, HAJI RICHARD	
STREET ADDRESS	1633 NW 5TH AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33311		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	KHAN, NASEEM		3.2 NAME		
STREET ADDRESS	281 NW 162 AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL		3.4 CITY-ST-ZIP	Pembroke Pines FL 33028	
TITLE	SD	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	SHIRAD, ALI		4.2 NAME		
STREET ADDRESS	8511 NW 46 ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAUDERHILL FL		4.4 CITY-ST-ZIP	Lauderhill FL 33351	
TITLE		☐ DELETE	5.1 TITLE	Assist Treasurer	☐ Change ☒ Addition
NAME			5.2 NAME	Gajraj, Faizal	
STREET ADDRESS			5.3 STREET ADDRESS	15836 Waverly Manor	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Davie FL 33331	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4/98 (305)