

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766686

1. Entity Name

NUR-UL-ISLAM OF SOUTH FLORIDA, INC.

FILED

00 JUN 13 AM 10:08

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

10600 SW 59TH ST
FT LAUDERDALE FL 33328
US

10600 SW 59TH ST
FT LAUDERDALE FL 33328-6421
US

2. Principal Place of Business

3. Mailing Address

AS ABOVE

AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2366188

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

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

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 PD ☐ Delete
NAME BAKSH, ALLAUDDIN
STREET ADDRESS 2671 FOREST DRIVE
CITY-ST-ZIP MIRAMAR FL 33023

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

TITLE VD ☐ Delete
NAME KHAN, HUSMAN DR.
STREET ADDRESS 11550 NW 20TH ST.
CITY-ST-ZIP PLANTATION FL 33323

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

TITLE TD ☐ Delete
NAME ALI, CARL
STREET ADDRESS 8400 MIRAMAR PKWY
CITY-ST-ZIP MIRAMAR FL 33025

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

TITLE SD ☒ Delete
NAME HUSSAIN, FAIAZ
STREET ADDRESS 3608 LONGFELLOW CIRCLE
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE ☒ Change ☐ Addition
NAME SECRETARY
STREET ADDRESS KHAN, SAUD
CITY-ST-ZIP 6040 NW 40th STREET
MIAMI FL 33166

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-3-2000 954-434-3835

CR20037 (Rev. 11)