**FILED** 

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 26, 2001 8:00 am Secretary of State **DOCUMENT # 766686** NUR-UL-ISLAM OF SOUTH FLORIDA, INC. 04-26-2001 90256 018 \*\*\*\*75.00 Principal Place of Business Mailing Address 10600 SW 59TH ST 10600 SW 59TH ST FT LAUDERDALE FL 33328 FT LAUDERDALE FL 33328 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2366188 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) KHAN, HUSMAN DR. 11550 NW 20TH STREET PLANTATION ACRES FL 33323 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: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees FEE IS \$61.25 Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE CR2E037 (10/00) TITL F 🔀 Delete ■ Addition NAME BAKSH, ALLAUDDIN NAME 4096 5/W 132 AVE STREET ADDRESS 2671 FOREST DRIVE STREET ADDRESS DAYIE, FLA. 33330 CITY-ST-ZIP CITY-ST-ZIP MIRAMAR FL 33023 TITLE ☐ Delete TITLE ☐ Change Addition NAME KHAN, HUSMAN DR. NAME STREET ADDRESS 11550 NW 20TH ST. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP PLANTATION FL 33323 7 TITLE TD Delete TITLE Change Change ■ Addition ALLIE KHAN, ALLIE 281 NW 162 AVE. NAME ALI, CARL NAME STREET ADDRESS 8400 MIRAMAR PKWY STREET ADDRESS PEMBROKE PINES, FL CITY-ST-7IP CITY-ST-7IP MIRAMAR FL 33025 S TITLE Defete TITLE ☐ Change Addition MACK, JAMAL NAME KHAN, SAUD NAME 16280'N.W 136St. #108 STREET ADDRESS 6040 NW 40TH STREET STREET ADDRESS FL. 33015 CITY-ST-7IP CITY-ST-7IP MIAMI. MIAMI FL 33166 ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME

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 attachme ether like empowered

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-7IP

IGNATURIE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #