

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90065 044 ****61.25

DOCUMENT # 766686		
1. Entity Name NUR-UL-ISLAM OF SOUTH FLORIDA, INC.		

Principal Place of Business 10600 SW 59TH STREET FT LAUDERDALE, FL 33328 US	Mailing Address 10600 SW 59TH STREET FT LAUDERDALE, FL 33328 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40024231



02082007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2366188	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KHAN, MOHAMED A 10600 SW 59TH ST FT LAUDERDALE, FL 33328		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	☐ Delete		TITLE	P. D.	☐ Change ☒ Addition	
NAME	KHAN, NADEER			NAME	DR HUSMAN KHAN		
STREET ADDRESS	15984 W STATE RD 84			STREET ADDRESS	11550 N.W. 207th ST. P/TION ACRES FL 33323		
CITY-ST-ZIP	DAVIE, FL 33326			CITY-ST-ZIP			
TITLE	VPD	☒ Delete		TITLE	V.D.	☒ Change ☐ Addition	
NAME	ALI, CARL			NAME	KHAN NADEER		
STREET ADDRESS	8400 MIRAMAR PARKWAY			STREET ADDRESS	15984 W STATE RD. 84 DAVIE FL 33326		
CITY-ST-ZIP	MIRAMAR, FL 33025			CITY-ST-ZIP			
TITLE	TD	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	KHAN, MOHAMED A			NAME			
STREET ADDRESS	10344 SW 16TH COURT			STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES, FL 33025			CITY-ST-ZIP			
TITLE	SD	☒ Delete		TITLE	S.D.	☐ Change ☒ Addition	
NAME	ALI, SHIRAD			NAME	ASGAR ALLY		
STREET ADDRESS	8511 NW 46TH STREET			STREET ADDRESS	5731 SW 88TH AVE, COOPER CITY FL 33328		
CITY-ST-ZIP	LAUDERHILL, FL 33351			CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/18/07 (954) 434 3855