

2000 UNIFORM BUSINESS REPORT (UBR)

4/11/00-90236-025-\$61.25-\$61.25

DOCUMENT # F98000000933

1. Entity Name

ASSOCIATION OF ISLAMIC CHARITABLE PROJECTS INC.

APPROVED
AND
FILED

00 APR 25 AM 7:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

4431 WALNUT ST.
PHILADELPHIA PA 19104

Mailing Address

4431 WALNUT ST.
PHILADELPHIA PA 19104-2924

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

23-2628749

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATE ACCESS, INC.
236 EAST 6TH AVE.
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

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 relinquishing)

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

TITLE	PDC	<input type="checkbox"/> Delete
NAME	DIMACHKIE, OMAR	
STREET ADDRESS	545 E. ST. ANDREWS DR.	
CITY-ST-ZIP	MEDIA PA 19063	
TITLE	VDC	<input type="checkbox"/> Delete
NAME	KADI, SAMIR	
STREET ADDRESS	509 SMEDLEY AVE.	
CITY-ST-ZIP	MEDIA PA 19063	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ALAMIDAIN, GHASSAN	
STREET ADDRESS	7680 TAFT ST.	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HAMMOOD, IBRAHIM	
STREET ADDRESS	8215 LAKE DR., #301	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E037 (9/99)

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 REQUIRED~~

OMAR DIMACHKIE

4/4/00

215-387-5228

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #