

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000000933

1. Entity Name

ASSOCIATION OF ISLAMIC CHARITABLE PROJECTS INC.

**FILED**  
**Sep 12, 2001 8:00 am**  
**Secretary of State**

09-12-2001 90024 002 \*\*\*\*61.25

80064550



DO NOT WRITE IN THIS SPACE

Principal Place of Business

4431 WALNUT ST.  
 PHILADELPHIA PA 19104

Mailing Address

4431 WALNUT ST.  
 PHILADELPHIA PA 19104

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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 reinstating)

DATE

**FILE NOW:**  
**FEES 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 ☐ Delete  
 NAME PDC  
 STREET ADDRESS DIMACHKIE, OMAR  
 CITY-ST-ZIP 545 E. ST. ANDREWS DR.  
 MEDIA PA 19063

TITLE ☐ Delete  
 NAME VDC  
 STREET ADDRESS KADI, SAMIR  
 CITY-ST-ZIP 509 SMEDLEY AVE.  
 MEDIA PA 19063

TITLE ☐ Delete  
 NAME SD  
 STREET ADDRESS ALAMIDAIN, GHASSAN  
 CITY-ST-ZIP 7680 TAFT ST.  
 PEMBROKE PINES FL 33024

TITLE ☐ Delete  
 NAME TD  
 STREET ADDRESS HAMMOOD, IBRAHIM  
 CITY-ST-ZIP 8215 LAKE DR., #301  
 MIAMI FL 33166

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☐ Addition  
 NAME Ahmad Chatila  
 STREET ADDRESS 19410 North West 62 Place  
 CITY-ST-ZIP Miami F 33015

TITLE ☐ Change ☐ Addition  
 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 REQUIRED

9-1-01

215 387 5228

CR2E037 (10/00)