

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 05, 2001 8:00 am**  
**Secretary of State**

06-05-2001 90027 006 \*\*\*\*61.25

**DOCUMENT # N00000003049**

1. Entity Name

**THE SUDANESE COMMUNITY OF SOUTH FLORIDA INC.**

Principal Place of Business

Mailing Address

650 NORTHEAST 31ST STREET  
 UNIT C15  
 MIAMI FL 33137

650 NORTHEAST 31ST STREET  
 UNIT C15  
 MIAMI FL 33137

**R0059045**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1803 SW 173 AVE

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIRAMAR FL

City & State

4. FEI Number

65-1012141

Applied For

Not Applicable

Zip

33029

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name: ABDULKADER IDRIS  
 Street Address (P.O. Box Number is Not Acceptable): 1803 SW 173 AVE  
 City: MIRAMAR FL Zip Code: 33029

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

IDRIS-ABDULKADER

5-26-01

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

(NOT Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**SEE 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	PD	<input checked="" type="checkbox"/> Delete
NAME	ELHASSAN, ELHASSAN A	
STREET ADDRESS	650 NORTHEAST 31ST STREET	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HAGELTORM, ELRASHID M	
STREET ADDRESS	650 NORTHEAST 31ST STREET	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SADIG, HAYDER J	
STREET ADDRESS	650 NORTHEAST 31ST STREET	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ELTAHIR, ALI	
STREET ADDRESS	650 NORTHEAST 31ST STREET	
CITY-ST-ZIP	MIAMI FL 33137	
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	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IDRIS ABDULKADER	
STREET ADDRESS	1803 SW 173 AVE	
CITY-ST-ZIP	MIRAMAR FL 33029	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SADIG, HAYDER J	
STREET ADDRESS	650 N. E 31ST STREET	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OSMAN BUSHRA A.	
STREET ADDRESS	P.O BOX 421473	
CITY-ST-ZIP	MIAMI FL 33242	
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		

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** IDRIS-ABDULKADER 5/26/01 954 441-7122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

00380689