

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000003306

1. Entity Name

COMMUNITY CENTER FOR THE SOUTHWEST FLORIDA ISLAM

Principal Place of Business

Mailing Address

11373 CORTEZ BLVD.#306
BROOKSVILLE FL 34613

11373 CORTEZ BLVD.#306
BROOKSVILLE FL 34613

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

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
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)

City

FL

Zip Code

SHUAYB, HUSAM E
11373 CORTEZ BLVD.#306
BROOKSVILLE FL 34613

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:
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	SHUAYB, HUSAM E M.D.	
STREET ADDRESS	11373 CORTEZ BLVD.#306	
CITY-ST-ZIP	BROOKSVILLE FL 34613	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHAHROUR, NAEM M.D.	
STREET ADDRESS	10441 QUALITY DRIVE	
CITY-ST-ZIP	SPRING HILL FL 34609	
TITLE	D	<input type="checkbox"/> Delete
NAME	ELDINE, ADEL MOHIE MD.	
STREET ADDRESS	12900 CORTEZ BLVD. #204	
CITY-ST-ZIP	BROOKSVILLE FL 34613	
TITLE	D	<input type="checkbox"/> Delete
NAME	ELMANSOURY, NASSER	
STREET ADDRESS	12900 CORTEZ BLVD. #204	
CITY-ST-ZIP	BROOKSVILLE FL 34613	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHAAR, AYHAM M.D.	
STREET ADDRESS	11373 CORTEZ BLVD. #407	
CITY-ST-ZIP	BROOKSVILLE FL 34613	
TITLE		<input type="checkbox"/> Delete
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		
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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, without other like empowered.

SIGNATURE:

Husam E. Shuayb REQUIRE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90472 050 ****61.25

001351



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)