

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N 00000004847

1. Entity Name

NORTH AMERICAN FOUNDATION FOR THOUGHT AND ACTION

Inc.

Principal Place of Business

17327 NW 61 Ct.
Hialeah, FL 33015

Mailing Address

17327 NW 61 Ct.
Hialeah, FL 33015

2. Principal Place of Business

2025 Grand Brook Circle

Suite, Apt. #, etc.

914-B

City & State

Orlando, FL

Zip

32810

Country

3. Mailing Address

2025 Grand Brook Circle

Suite, Apt. #, etc.

914-B

City & State

Orlando, FL

Zip

32810

Country

USA

4. FEI Number

65-1031320

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

A0056954

6. Name and Address of Current Registered Agent

MUSTAFA SAIED
2025 Grand Brook Circle
914-B
Orlando, FL 32810

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

MUSTAFA SAIED

04/04/01

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
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
DIRECTOR
SARAH KURESHI
4226 SHADOW CREEK CIRCLE
OWEIDO, FL 32765

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
MANAGING DIRECTOR
MUKHTAR HASAN
11950 SW 134 AVENUE
MIAMI, FL 33186

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

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MUSTAFA SAIED

04/04/01

Date

(407)838-0666

Daytime Phone #

CR2E037 (11/00)