

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90188 035 \*\*\*\*\*61.25

**DOCUMENT # N00000005372**

1. Entity Name

**AL SALAM CLUB OF DAYTONA BEACH, INC.**



Principal Place of Business

**290 N US HWY 1  
ORMOND BEACH FL 32174**

Mailing Address

**290 N US HWY 1  
ORMOND BEACH FL 32174**

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 **59-3700292**

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

**SABOUNGI, MAHMOUND  
290 N US HWY 1  
ORMOND BEACH FL 32174**

Name **SABOUNGI MAHMOUD**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete  
NAME **AFGHANI, ALI**  
STREET ADDRESS **5955 MARVILLE CIRCLE**  
CITY-ST-ZIP **PORT ORANGE FL 32127**

TITLE **PD** ☒ Change ☐ Addition  
NAME **VASKEN, FAKRATIAN**  
STREET ADDRESS **541 RIVERSIDE DR.**  
CITY-ST-ZIP **ORMOND BEACH FL 32176**

TITLE **TD** ☐ Delete  
NAME **KHABAZEH, MOUNIR**  
STREET ADDRESS **980 CANALVIEW BLVD STE K4**  
CITY-ST-ZIP **PORT ORANGE FL 32127**

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

TITLE **D** ☒ Delete  
NAME **SABOUNGI, SALEH**  
STREET ADDRESS **719 HAND AVE**  
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE **D** ☒ Change ☐ Addition  
NAME **AFGHANI, ALI**  
STREET ADDRESS **5955 MARVILLE CIRCLE**  
CITY-ST-ZIP **PORT ORANGE FL 32127**

TITLE **VD** ☒ Delete  
NAME **DAUD, ALBERT**  
STREET ADDRESS **1429 N ATLANTIC AVE #431**  
CITY-ST-ZIP **DAYTONA BEACH FL 32118**

TITLE **VD** ☒ Change ☐ Addition  
NAME **CHADUKI, SALLUM**  
STREET ADDRESS **14 SUGAR BERRY CIRCLE**  
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE **SD** ☒ Delete  
NAME **AFGHANI, CARMEN**  
STREET ADDRESS **5955 MARVILLE CIRCLE**  
CITY-ST-ZIP **PORT ORANGE FL 32127**

TITLE **SD** ☒ Change ☐ Addition  
NAME **MANOUSH, FAKRATIAN**  
STREET ADDRESS **541 RIVERSIDE DR.**  
CITY-ST-ZIP **ORMOND BEACH FL 32176**

TITLE **D** ☒ Delete  
NAME **AJUNI, JANETTE**  
STREET ADDRESS **1141 BEL AIRE DR**  
CITY-ST-ZIP **DAYTONA BEACH FL 32118**

TITLE **D** ☒ Change ☐ Addition  
NAME **DAUD, ALBERT**  
STREET ADDRESS **1429 N ATLANTIC AVE #431**  
CITY-ST-ZIP **DAYTONA BEACH FL 32118**

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: **S. MAHMOUD**

4-11-2003

386-672-2077

CR2E037 (10/02)