

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2001 8:00 am**  
**Secretary of State**

04-28-2001 90044 042 \*\*\*\*61.25

**DOCUMENT # N00000006956**

1. Entity Name

**ALLIANCE FOR COMMUNITY EXCELLENCE, INC.**

Principal Place of Business

**1751 NW 5TH AVENUE  
POMPANO BEACH FL 33060**

Mailing Address

**1751 NW 5TH AVENUE  
POMPANO BEACH FL 33060**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**05-1068277**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**SABIR, NASHID  
18350 NW 2ND AVENUE  
MIAMI FL 33169**

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:  
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 **D** ☐ Delete  
NAME **RASHEED, RAYMONDE**  
STREET ADDRESS **1751 NW 5TH AVENUE**  
CITY-ST-ZIP **POMPANO BEACH FL 33060**

TITLE **D** ☐ Delete  
NAME **HAMIN, MIKAL T**  
STREET ADDRESS **193-B NE 141ST STREET**  
CITY-ST-ZIP **MIAMI FL 33161**

TITLE **DS** ☐ Delete  
NAME **HAMIN, AFRAH J**  
STREET ADDRESS **193-B NE 141ST STREET**  
CITY-ST-ZIP **MIAMI FL 33161**

TITLE **DT** ☐ Delete  
NAME **MATEEN, MALIK A**  
STREET ADDRESS **800 ALI BABA AVENUE**  
CITY-ST-ZIP **OPA LOCKA FL 33054**

TITLE **D** ☐ Delete  
NAME **SABIR, HASHID**  
STREET ADDRESS **18350 NW 2ND AVENUE 5TH FLOOR**  
CITY-ST-ZIP **MIAMI FL 33169**

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-20-01 954-7859418**

CR2E037 (10/00)