

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

FILED
May 21, 2003 8:00 am
Secretary of State

04-23-2003 90143 005 ****61.25

DOCUMENT # N01000000692

1. Entity Name

AL-ANSAR GROUP, INC.



Principal Place of Business

7304 ROYAL OAK DRIVE
SPRING HILL FL 34607

Mailing Address

7304 ROYAL OAK DRIVE
SPRING HILL FL 34607

55042521

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 59-3699432

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

HAMOU, NADA
7304 ROYAL OAK DRIVE
SPRING HILL FL 34607

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

6805 Orient Rd

City

Tampa

FL

Zip Code

33610

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

Lynne Miller Meharan

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

TITLE D
NAME MAHMALJI, SAMAR
STREET ADDRESS 7304 ROYAL OAK DRIVE
CITY-ST-ZIP SPRING HILL FL 34607 ☐ Delete

TITLE D
NAME HAMOU, NADA
STREET ADDRESS 4571 LAKE IN THE WOODS DRIVE
CITY-ST-ZIP SPRING HILL FL 34607 ☒ Delete

TITLE D
NAME JOUD, CHIGHAF
STREET ADDRESS 4801 PORTILLO ROAD
CITY-ST-ZIP SPRING HILL FL 34608 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME Miller, Lynne
STREET ADDRESS 6805 Orient Rd.
CITY-ST-ZIP Tampa, FL 33610 ☐ Change ☒ Addition

TITLE D
NAME Lujan, Diana
STREET ADDRESS 11523 Donna Dr.
CITY-ST-ZIP Tampa, FL 33637 ☐ 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

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:

Lynne Miller Meharan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/03 813-748-9017

CR2E037 (10/02)