

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

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90065 044 ****61.25

DOCUMENT # N01000001378

1. Entity Name

AL-FAZAL INTERNATIONAL FOUNDATION
INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11711 NW 26th Ct

Suite, Apt. #, etc.

3. Mailing Address

11711 NW 26th Ct

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Coral Springs FL

City & State

Coral Springs FL

4. FEI Number

65-1114211

Applied For

Not Applicable

Zip

33065

Country

USA

Zip

33065

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

BUSHRA CHAUDHRY

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

11711 NW 26th Ct

City

CORAL SPRINGS

FL

Zip Code

33065

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

FEE IS \$61.25
Initial or Amended UBR

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
President
Bushra Chaudhry
11711 NW 26th Ct
Coral Springs FL 33065

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Vice President
Mohammad Kashif Qayyum
1920 Francisco St. # 212
Berkeley CA 94709

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Secretary
Rabia Zulfikar Shah
7810 NW 44th Ct
Lauderhill FL 33351

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

B. Chaudhry

4-21-02

(954) 340-7831

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)

**DO NOT WRITE
IN THIS SPACE**