

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO1000002111

1. Entity Name

ISLAMIC SUNNAH CENTER, INC.

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90150 005 ****61.25

Principal Place of Business

Mailing Address

4812 E BUSCH BLVD. STE 3
TAMPA FL 33617

POST OFFICE BOX 290632
TAMPA FL 33687-0632

2. Principal Place of Business

3. Mailing Address

4812 E. BUSCH BLVD

Suite, Apt. #, etc.

E

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

Zip

33617

Country

Zip

Country

4. FEJ Number

59-3717338

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

7. Name and Address of New Registered Agent

UBAYDAH, ABDULHAKIM K
7508 S SANIBEL CIR
TAMPA FL 33637

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME D
STREET ADDRESS ALI, WAJEEH
CITY-ST-ZIP 4703 BARRETT CT
TAMPA FL 33617

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

TITLE ☐ Delete
NAME D
STREET ADDRESS AMER, SHADI
CITY-ST-ZIP USF 30632, 4202 E FOWLER AVE
TAMP FL 33617

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

TITLE ☐ Delete
NAME D
STREET ADDRESS ALASAD, THAER
CITY-ST-ZIP 11019 ASHBOURNE CIR
TAMPA FL 33624

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS ALASAD, THAER
CITY-ST-ZIP 30839 ST. VINCENT CT.
WESLEY CHAPEL FL 33543

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
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:

Sheela
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/02

Date

(813) 988-5932

Daytime Phone #

CR2E037 (9/01)