FILED
May 24, 2002 8:00 am
Secretary of State
05-24-2002 91385 027 ****61.25

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

DOCUMENT # N01000004125

1. Entity Name
ANSAR-UD-DEEN SOCIETY OF FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10031 Pine Boulevard	P.O. BOX 173582
Suite, Apt. #, etc. SUITE 210	Suite, Apt. #, etc.
City & State PEMBROKE PINES, FL	City & State MIAMI, FL. 33017
Zip 33024 Country	Zip 33017 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name QUADRI, MIKAIL ABIODUN

Street Address (P.O. Box Number is Not Acceptable) 2507 ACAPULCO DRIVE

City MIRAMAR FL Zip Code 33023

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] ABIODUN MIKAIL QUADRI 04/28/02
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	D
NAME	ADEBISI, SURAJ M. (ALHAJ)
STREET ADDRESS	5881 N.W. 192ND STREET
CITY-ST-ZIP	MIAMI, FL. 33015
TITLE	D
NAME	ADEYEMI, WAZIRI (ALHAJ)
STREET ADDRESS	1290 NW 116 TERRACE
CITY-ST-ZIP	MIAMI, FL. 33169
TITLE	D
NAME	QUADRI, MIKAIL A. (ALHAJ)
STREET ADDRESS	2507 ACAPULCO DRIVE
CITY-ST-ZIP	MIRAMAR, FL. 33023
TITLE	
NAME	
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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] SURAJ M. ADEBISI 04/29/02 (786) 402-5373
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #