2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000004125

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

FILED Sep 09, 2003 Secretary of State

Current Principal Place of Business:					New Principal Place of Business:			
10031 PINE BLVD SUITE 210 PEMBROKE PINES, FL 33024 US Current Mailing Address:					6462 NW 77TH COURT MIAMI, FL 33166 US New Mailing Address:			
FEI Number	: 74-3041883	FEI Nun	nber Applied For()	FEI Nun	nber Not Appl	licable()	Certificate of Status Des	ired()
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:			
QUADRI, MIKAIL A 2507 ACAPULCO DRIVE MIRAMAR, FL 33023 US					QUADRI, MIKAIL A P.O. BOX 173582 MIAMI, FL 33017 US			
	named entity e of Florida.	submits t	nis statement for the p	urpose o	f changing i	its registered o	office or registered age	nt, or both,
SIGNATURE:					09/09/2003			
	Electro	nic Signat	ure of Registered Age	nt			Date	
OFFICER	S AND DIREC	CTORS:			ADDITION	IS/CHANGES	TO OFFICERS AND	DIRECTORS
Title: Name: Address: City-St-Zip:	DS (ADEBISI, SUF 5881 NW 192 MIAMI, FL 33	ND STREET			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (ADEYEMI, W/ 1290 NORTH MIAMI, FL 33	WEST 116T	H TERRACE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (QUADRI, MIK 2507 ACAPUL MIRAMAR, FL	.CO DRIVE			Title: Name: Address: City-St-Zip:	D (X QUADRI, MIKA P.O. BOX 173 MIAMI, FL 330	3582	
Title: Name: Address: City-St-Zip:	DT (AKANDE, MOI 6361 SW 34T MIRAMAR, FL	H STREET			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (SALVADOR, C 20100 NW 36 OPA-LOCKA,	COURT			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (AKINLABI, OL 2117 SW 119 MIRAMAR, FL	AVENUE			Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SURAJ M. ADEBISI DS 09/09/2003