

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N01000005197**

1. Entity Name

FRUIT OF ISLAM INCORPORATED

Principal Place of Business

**3713 WESTWOOD RD
ORLANDO FL 32808**

Mailing Address

**PO BOX 680746
ORLANDO FL 32868-0746**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3709172

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**MOSES, WILLIAM C
3713 WESTWOOD RD
ORLANDO FL 32808**

7. Name and Address of New Registered Agent

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 \$61.259. 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	DPST	<input type="checkbox"/> Delete
NAME	MOSES, WILLIAM C	
STREET ADDRESS	3713 WESTWOOD RD	
CITY-ST-ZIP	ORLANDO FL 32808	

TITLE	D	<input type="checkbox"/> Delete
NAME	MALOUF, TAMELA	
STREET ADDRESS	3713 WESTWOOD RD	
CITY-ST-ZIP	ORLANDO FL 32808	

TITLE	D	<input type="checkbox"/> Delete
NAME	FAISON, RINIE	
STREET ADDRESS	202 NORTH ST	
CITY-ST-ZIP	WINTER GARDEN FL 34771	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE OF REGISTERED AGENT**03-14-02****FILED
Mar 27, 2002 8:00 am
Secretary of State**

03-27-2002 90043 026 ****61.25

00000123



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)