

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2002 8:00 am**  
**Secretary of State**

01-24-2002 90116 040 \*\*\*\*69.90

**DOCUMENT # NO1000005230**

1. Entity Name

**MUSLIM LADIES ASSOCIATION OF CENTRAL FLORIDA, IN C.**

Principal Place of Business

Mailing Address

**4564 THORNLEA RD  
ORLANDO FL 32817-1241**

**4564 THORNLEA RD  
ORLANDO FL 32817-1241**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3743445**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AKHTAR, SHAHEDA  
4564 THORNLEA RD  
ORLANDO FL 32817-1241**

Name

**Zubair Mansori**

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

**505 Maitland Avenue**

**Suite 206**

City

**Altamonte Springs**

FL

Zip Code

**32701**

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

**Zubair S. Mansori**

**1-9-2002**

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. **EXISTING OFFICERS AND DIRECTORS**

11. **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE ☐ Delete  
NAME **D AHMAAD, ANEESA**  
STREET ADDRESS **509 BARCLAY AVE**  
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE ☒ Change ☐ Addition  
NAME **Ahman, Aneesa**  
STREET ADDRESS **509 Barclay Ave**  
CITY-ST-ZIP **Altamonte Springs FL 32701**

TITLE ☐ Delete  
NAME **D KHAN, RAZIA**  
STREET ADDRESS **9314 CYPRESS COVE DR**  
CITY-ST-ZIP **ORLANDO FL 32819**

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

TITLE ☐ Delete  
NAME **D REHMAN, SHANAZ**  
STREET ADDRESS **8729 TANTALLON CIR**  
CITY-ST-ZIP **TAMPA FL 33647**

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

TITLE ☐ Delete  
NAME **D WAHID, PARVEEN**  
STREET ADDRESS **10527 VIA DEL SOL**  
CITY-ST-ZIP **ORLANDO FL 32817**

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

TITLE ☐ Delete  
NAME **D DAWOOD, FARIDA**  
STREET ADDRESS **5406 BAYTOWNE PL**  
CITY-ST-ZIP **OVEIDO FL 32765**

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

TITLE ☐ Delete  
NAME **D SHAIKH, SHAMA**  
STREET ADDRESS **8507 RUSTIC GATE CT**  
CITY-ST-ZIP **ORLANDO FL 32819**

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/7/02 (407) 281-7009 x144**

CR2E037 (9/01)