

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90100 037 ****61.25

DOCUMENT # N01000005230

1. Entity Name

MUSLIM LADIES ASSOCIATION OF CENTRAL FLORIDA, INC.



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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

**MANSORI, ZUBAIR
505 MAITLAND AVENUE
SUITE 206
ALTAMONTE SPRINGS FL 32701**

**863 CYNTHIANA
CIRCLE**

7. Name and Address of New Registered Agent

Name **MANSORI, ZUBAIR**

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

863 CYNTHIANA CIRCLE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Mansori, Zubair**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-21-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D AHMAD ANEESA** ☒ Change ☐ Addition
NAME **AHMAD, ANEESA**
STREET ADDRESS **509 BARCLAY AVE.**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

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

TITLE ☐ Change ☐ Addition
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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 PRESIDENT**

1/18/03

CR2E037 (10/02)