

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


**FILED**  
**Aug 18, 2003 8:00 am**  
**Secretary of State**

07-09-2003 90043 026 \*\*\*61.25

7/9/

DOCUMENT # **NO 200000263.0**

1. Entity Name  
**SHAMSUDDIN ISLAMIC CENTER - INC.**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**365 N.E. 167 STREET**

3. Mailing Address  
**1282 N.E. 163 ST.**

Suite, Apt. #, etc. **NONE**

Suite, Apt. #, etc.

City & State  
**NO. MIAMI BCH. FL**

City & State  
**NO. MIAMI BCH. FL**

Zip  
**33162**

Country  
**DADE**

Zip  
**33162**

Country  
**DADE.**

**55054379**

DO NOT WRITE IN THIS SPACE

4. FEI Number **APPLIED**

Applied For  
☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name **RAUF**

Street Address (P.O. Box Number is Not Acceptable)  
**1282 N.E. 163 STREET**

City **NO. MIAMI BCH. FL** Zip Code **33162**

**DO NOT WRITE  
IN THIS SPACE**

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 *A. Rauf* DATE 7/4/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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  
Florida Department of State

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT SHAZAM MOHAMED 1441 N.E. 171 ST. #1 NO. MIAMI BCH. FL 33162</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY MUSTAFA LYMOURI 600 N.E. 195 STREET MIAMI FL 33179</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER ABDULRAHIM ABDU 17300 N.W. 68 AVE. #208 MIAMI FL 33015</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR FOAD K FARAH D 5337 N.W. 93 Terr. SUNRISE FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR GILSHAIR M. SHUKRI JUMAL 6124 S.W. 17 ST. MIRAMAR FL 33023</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR MUSTAFA A NASAR 15701 N.W. 2 AV #208 MIAMI FL 33169</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: *X* DATE 5/1/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone

CR2E037B (12/02)



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

July 10, 2003

55054379

SHAMSUDDIN ISLAMIC CENTER, INC.  
1282 N.E. 163 STREET  
NORTH MIAMI BEACH, FL 33162

Subject: SHAMSUDDIN ISLAMIC CENTER, INC.

Reference Number: N02000002630

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Florida nonprofit corporations are required to have at least 3 directors or trustees. Please place the letter "D" or "T" beside the names and business addresses of each director or trustee.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056.

/RH

ANNUAL REPORTS SECTION

ENCLOSED ANNUAL REPORT WITH —  
3 DIRECTORS AS PER YOUR INSTRUCTIONS  
THANK YOU.