

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02632

1. Entity Name

MASJID AL-MUMININ BIL QADIR, INC.

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90156 019 ****61.25

Principal Place of Business

3762 18 AVE SOUTH
P O BOX 1173. ZIP 33731
ST PETERSBURG FL 33711

Mailing Address

3762 18 AVE SOUTH
P O BOX 1173. ZIP 33731
ST PETERSBURG FL 33711

2. Principal Place of Business

3762 18 Ave South
Suite, Apt. #, etc.

3. Mailing Address

3762 18 Ave South
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
St. Petersburg, Fla.
Zip
33711

Country

City & State

Zip

Country

4. FEI Number

59-2443382

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SADIKI, WILMORE M
1357 PARKWOOD ST
CLEARWATER FL 33755

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 \$61.25

9. 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	PC	<input type="checkbox"/> Delete
NAME	SADIKI, WILMORE M	
STREET ADDRESS	1357 PARKWOOD ST	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	STOVELL, SHANNON	
STREET ADDRESS	1400 MANOR WAY SO.	
CITY-ST-ZIP	SAINT PETERSBURG FL 33705	
TITLE	MD	<input checked="" type="checkbox"/> Delete
NAME	RASHEED, HOWARD	
STREET ADDRESS	11402 GIBRALTER PL. TEMPLE TERR.	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SHAHEED, NAJIYYAH A	
STREET ADDRESS	5614 B LYNN LAKES DR	
CITY-ST-ZIP	SAINT PETERSBURG FL 33712	
TITLE	ST	<input type="checkbox"/> Delete
NAME	GANIE, MOHAMED O	
STREET ADDRESS	1601 16TH ST N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33704	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZIAO, AHMED	
STREET ADDRESS	3947 BEACH SO. E	
CITY-ST-ZIP	SAINT PETERSBURG FL 33712	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eric Hicks	
STREET ADDRESS	4701 5th St. So.	
CITY-ST-ZIP	St. Petersburg Fla 33705	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Glen Akmed	
STREET ADDRESS	711 19th St. So.	
CITY-ST-ZIP	St. Petersburg Fla 33712	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AZANIA ALI	
STREET ADDRESS	4344 1st Ave	
CITY-ST-ZIP	St. Petersburg Fla 33713	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kahlilah Waheed	
STREET ADDRESS	3851 38th Ave S.	
CITY-ST-ZIP	St. Petersburg Fla. 33711	
TITLE	Sec.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LORI ALLEN	
STREET ADDRESS	940 56 Ave N.	
CITY-ST-ZIP	St. Petersburg Fla 33703	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bilal Abdullah	
STREET ADDRESS	P.O. Box 53002	
CITY-ST-ZIP	St. Petersburg Fla. 33747	

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 and typed or printed name of signing officer or director

4-15-02 (727) 943-3020

Date

Daytime Phone #

CR2E037 (9/01)