

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

FILED
Sep 10, 2003 8:00 am
Secretary of State

0012580

DOCUMENT # N03000000015

1. Entity Name

THE FOUNDATION FOR KHUMS AND ZAKAT INC.



05-12-2003 90215 029 ****61.25

09-10-2003 90058 015 ****61.25

Principal Place of Business

**11500 SUMMIT WEST BLVD #3D
TAMPA FL 33617**

Mailing Address

**11500 SUMMIT WEST BLVD #3D
TAMPA FL 33617**

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

30-0136993

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**BAIG, MIRZA M
11500 SUMMIT WEST BLVD #3D
TAMPA FL 33617**

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

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
After September 10, 2003, min will be \$236.25**

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 NAME	P BAIG, MIRZA A	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	14240 N 42ND ST #2401	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE NAME	S BAIG, MIRZA M	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	11500 SUMMIT WEST BLVD #3D	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE NAME	V MOHAMMED, MEHDI	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	13634 HEATHER LAKE DR	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	P WAHEED SADIQUE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	13419 THOMASVILLE CIRCLE	
CITY-ST-ZIP	TAMPA, FL 33617	
TITLE NAME	S SYRUS MOMENI	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	10811 VENICE CIRCLE	
CITY-ST-ZIP	TAMPA, FL 33635	
TITLE NAME	VP NABILE AMAR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	14401 HELLENIC DR. #88	
CITY-ST-ZIP	TAMPA FL - 33613	
TITLE NAME	TREASURER MIRZA M. BAIG	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	11500 SUMMIT WEST BLVD #3D	
CITY-ST-ZIP	TAMPA, FL 33617	
TITLE NAME	ASSISTANT SECRETARY SUNAY CHAUDHAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	14401 HELLENIC DR. #88	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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]* SIGNATURE REQUIRED

7/10/03

**813 258-6691
813-985-6720**

CR2E037 (4/03)