

n10000008773

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

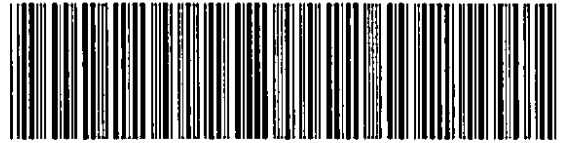
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 4 2018

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: North Miami Islamic Center, Inc.
(Name of Corporation)

DOCUMENT NUMBER: N10000008773

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shazam Mohamed

(Name of Person)

North Miami Islamic Center, Inc.

(Name of Firm/Company)

560 NW 165th. Street Road

(Address)

Miami, Florida 33169

(City/State and Zip Code)

For further information concerning this matter, please call:

Shazam Mohamed

(Name of Person)

at (954) 559-1428

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Bushra Osman, hereby resign as Treasurer
(Title)

of North Miami Islamic Center, Inc.
(Name of Corporation)

N10000008773, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Bushra Osman
(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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