

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90081 003 \*\*\*\*70.00

**DOCUMENT # N25288**

1. Entity Name

**ISLAMIC SOCIETY OF PINELLAS COUNTY, INC.**

CU037198



DO NOT WRITE IN THIS SPACE

Principal Place of Business 8800 49 ST N STE 304 PINELLAS PARK FL 33780 US	Mailing Address PO BOX 494 PINELLAS PARK FL 33780-0494
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2. Principal Place of Business 2400 67th St. N	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State PINELLAS PARK FL	City & State	4. FEI Number 59-2883553	Applied For Not Applicable
Zip 33782	Country US	Zip	Country

5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent

**CHAHBANDAR, KHALED**  
 1719 MICHIGAN  
 ST PETERSBURG FL 33703

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 1000 COVE CAY DR  
 City **CLEARWATER** FL Zip Code **33760**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARAZANJI, HAITHAM 10539 3RD ST N #B ST. PETERSBURG FL 33716 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T CHAHBANDAR, KHALED 1719 MICHIGAN AVE NE ST. PETERSBURG FL 33703 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/T BARTRAWY, AHMED 1132 DARLINGTON OAK DR., NE ST. PETERSBURG FL 33703 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13440 LAS PALMAS DR. LARGO, FL 33774
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1000 Cove Cay Dr. Clearwater FL 33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition OFFICER EYAD ALTOUBAH 2978 DREW ST, APT 720 CLEARWATER, FL 33781
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: AHMAD BARTRAWY 2-25-00 727-323-0033  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)