

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90024 010 ****61.25

DOCUMENT # N25288

1. Entity Name
ISLAMIC SOCIETY OF PINELLAS COUNTY, INC.

Principal Place of Business Mailing Address
9400 67TH ST N **PO BOX 494**
PINELLAS PARK FL 33782 **PINELLAS PARK FL 33780**
US



DO NOT WRITE IN THIS SPACE

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 **59-2883553** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CHAHBANDAR, KHALED
1000 COVE CAY DR
CLEARWATER FL 33760

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: *Khaled Chahbandar* DATE

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

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	PD	<input type="checkbox"/> Delete
NAME	BARAZANJI, HATHAM	
STREET ADDRESS	13440 LAS PALMAS DR	
CITY-ST-ZIP	LARGO FL 33774	
TITLE	S/T	<input type="checkbox"/> Delete
NAME	CHAHBANDAR, KHALED	
STREET ADDRESS	1000 COVE CAY DR	
CITY-ST-ZIP	CLEARWATER FL 35760	
TITLE	VP/T	<input type="checkbox"/> Delete
NAME	BARTRAWY, AHMED	
STREET ADDRESS	1132 DARLINGTON OAK DR., NE	
CITY-ST-ZIP	ST. PETERSBURG FL 33703	
TITLE	O	<input type="checkbox"/> Delete
NAME	ALTOUBAH, EYAD	
STREET ADDRESS	2978 DREW ST APT 720	
CITY-ST-ZIP	CLEARWATER FL 33781	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: *Khaled Chahbandar* 2-8-01 727-546-3162

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)