

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90197 031 \*\*\*\*61.25

**DOCUMENT #** N34183 ✓  
**1. Entity Name**  
 School of Islamic Studies of Broward, Inc.

**Principal Place of Business** 4505 NW 103<sup>rd</sup> AVE. SUNRISE, FL. 33351 US  
**Mailing Address** 6421 NW 42<sup>nd</sup> Court Coral Springs, FL. 33067 US

655921

**2. Principal Place of Business**  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

**3. Mailing Address**  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

**4. FEI Number** 35-0522362 Applied For Not Applicable  
**5. Certificate of Status Desired**  \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
 Zahid Qureshi  
 7118 Southgate Blvd.  
 N. Lauderdale, Fl. 33068

**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 \_\_\_\_\_ 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**

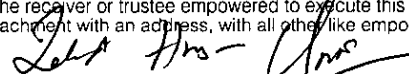
**10. OFFICERS AND DIRECTORS**

TITLE	DT	<input type="checkbox"/> Delete
NAME	QURESHI, SAMINA	
STREET ADDRESS	7735 N.W. 47TH DR.	
CITY-ST-ZIP	CORAL SPRINGS, FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	JAVED, MOHAMMED	
STREET ADDRESS	8961 N.W. 8TH ST	
CITY-ST-ZIP	PEMBROKE-PINES, FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	MOHAMMED, IQBAL	
STREET ADDRESS	8200 N.W. 40TH COURT	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
TITLE	DT	<input type="checkbox"/> Delete
NAME	QURESHI, ZAHID	
STREET ADDRESS	7735 N.W. 47TH DR.	
CITY-ST-ZIP	CORAL SPRINGS, FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	RASHDAN, MOHSEN	
STREET ADDRESS	4442 WOODFIELD BLVD.	
CITY-ST-ZIP	BOCA RATON, FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	ALBASSAM, HAYTHEM	
STREET ADDRESS	9161 N.W. 24TH COURT	
CITY-ST-ZIP	SUNRISE, FL	

**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:**  ZAHID QURESHI | 23/00 (954) 721-8707

CR2E037 (9/99)