

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N42885

1. Entity Name

MUSLIM ACADEMY OF CENTRAL FLORIDA, INC.

FILED
Mar 16, 2000 8:00 am
Secretary of State

03-16-2000 90086 004 ****70.00

Principal Place of Business

1005 N GOLDENROD RD
ORLANDO FL 32807
US

Mailing Address

1005 N GOLDENROD ROAD
ORLANDO FL 32807
US

2. Principal Place of Business

1021 N. Goldenrod Road

3. Mailing Address

P.O. Box 338

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Goldenrod, FL

Zip

32807

Country

USA

Zip

32733

Country

USA

4. FEI Number

59-3080892

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

QADRI, SYED MUJEEB
661 E ALTAMONTE DRIVE #213
ALTAMONTE SPRINGS FL 32701

7. Name and Address of New Registered Agent

Name MUHAMMAD MUSRI

Street Address (P.O. Box Number is Not Acceptable)

1021 N. Goldenrod Road

City Orlando

FL

Zip Code

32807

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/1/2000

DATE

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 D ☐ Delete
NAME QADRI, SYED MUJEEB
STREET ADDRESS 661 E ALTAMONTE DRIVE #213
CITY-ST-ZIP ALTAMONTE SPRNGS FL 32701

TITLE D ☒ Delete
NAME LATIF, MOHAMMAD A.
STREET ADDRESS 111 VARIETY TREE CIR.
CITY-ST-ZIP ALTAMONTE SPRNGS FL

TITLE DT ☒ Delete
NAME KASU, ABDUL L
STREET ADDRESS 8008 COTE CT
CITY-ST-ZIP ORLANDO FL

TITLE D ☒ Delete
NAME CHARANI, AMMAR
STREET ADDRESS 7842 PINE CROSSING CIR
CITY-ST-ZIP ORLANDO FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P/C/D ☐ Change ☒ Addition
NAME MUHAMMAD MUSRI
STREET ADDRESS 1021 N. Goldenrod Road
CITY-ST-ZIP Orlando, FL 32807

TITLE D ☐ Change ☒ Addition
NAME Laurinda Lott
STREET ADDRESS 14415 Stamford Cr.
CITY-ST-ZIP Orlando FL 32826

TITLE T/D ☐ Change ☒ Addition
NAME Zubair Mansori
STREET ADDRESS 863 Cynthiaanna Cir
CITY-ST-ZIP Altamonte Springs, FL 32701

TITLE D ☐ Change ☒ Addition
NAME M. OWAIS Khanani
STREET ADDRESS 5817 W. HWY 192
CITY-ST-ZIP Kissimmee FL 34747

TITLE S/D ☒ Change ☐ Addition
NAME Abdul-Latif Kasu
STREET ADDRESS 8008 Cote Ct
CITY-ST-ZIP Orlando, FL 32836

TITLE D ☐ Change ☒ Addition
NAME Amena Assim
STREET ADDRESS 2699 Forsyth Road #117
CITY-ST-ZIP Orlando FL 32807

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/2000

Date

(407)273-8363

Daytime Phone #

CR2E037 (9/99)