

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2001 8:00 am**  
**Secretary of State**

02-13-2001 90064 034 \*\*\*\*70.00

**DOCUMENT # N42885**

1. Entity Name

**MUSLIM ACADEMY OF CENTRAL FLORIDA, INC.**

Principal Place of Business

**1021 N GOLDENROD RD  
ORLANDO FL 32807  
US**

Mailing Address

**P O BOX 338  
GOLDENROD FL 32733  
US**

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

**59-3080892**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MUSRI, MUHAMMAD  
1021 N GOLDENROD RD  
ORLANDO FL 32807**

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

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **SD** ☐ Change ☒ Addition  
NAME **Abdul-Latif Kasu**  
STREET ADDRESS **8008 Cote ct.**  
CITY-ST-ZIP **Orlando FL 32836**

TITLE **PCD** ☐ Delete  
NAME **MUSRI, MUHAMMAD**  
STREET ADDRESS **1021 N GOLDENROD RD**  
CITY-ST-ZIP **ORLANDO FL 32807**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **LOTT, LAURINDA**  
STREET ADDRESS **14415 STAMFORD CR**  
CITY-ST-ZIP **ORLANDO FL 32826**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TD** ☐ Delete  
NAME **MANSORI, ZUBAIR**  
STREET ADDRESS **863 CYNTHIANNA CIR**  
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **KHANANI, M OWAS**  
STREET ADDRESS **5817 W HWY 192**  
CITY-ST-ZIP **KISSIMMEE FL 34747**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **ASSIM, AMENA**  
STREET ADDRESS **2699 FORSYTH RD #117**  
CITY-ST-ZIP **ORLANDO FL 32807**

TITLE ☐ Change ☐ 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:

**SIGNATURE REQUIRED (Muhammad Musri)**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01/23/2001**  
Date

**(407) 273-8363**  
Daytime Phone #

CR2E037 (10/00)