

# 2001 UNIFORM BUSINESS REPORT (UBR)

2/5

**FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**

02-05-2001 90032 001 \*\*\*\*61.25

**DOCUMENT # N43250**

1. Entity Name

**INTER-FAITH COUNCIL OF GREATER HOLLYWOOD, INC.**

Principal Place of Business

PO BOX 7133  
HOLLYWOOD FL  
US

Mailing Address

PO BOX 7133  
HOLLYWOOD FL 33081  
US

30241



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2232406**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**KHANI, KHILA L**  
**2338 HOLLYWOOD BLVD**  
**HOLLYWOOD FL 33021**

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

TITLE **P** ☒ Delete  
NAME **FRAZIN, RABBI ROBERT**  
STREET ADDRESS **5100 SHERIDAN STREET**  
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **VPD** ☒ Delete  
NAME **PITTELL, ELAINE**  
STREET ADDRESS **4920 PIERCE STREET**  
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **TD** ☒ Delete  
NAME **KENT, MARY**  
STREET ADDRESS **3840 NORTH 45TH AVE.**  
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **SD** ☒ Delete  
NAME **SCOTT, NOSRAT**  
STREET ADDRESS **10461 N.W. 20TH STREET**  
CITY-ST-ZIP **PEMBROKE PINES FL 33026**

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 **PRESIDENT** ☐ Change ☒ Addition  
NAME **RABBI RANDALL KONIGSBURG**  
STREET ADDRESS **1400 N 46 AVE**  
CITY-ST-ZIP **HOLLYWOOD, FL 33021**

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition  
NAME **MAULANA SHFAYAT MOHAMED**  
STREET ADDRESS **P O BOX 6277**  
CITY-ST-ZIP **HOLLYWOOD FL 33081**

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition  
NAME **REV. ALLEN REESOR**  
STREET ADDRESS **P O BOX 220490**  
CITY-ST-ZIP **HOLLYWOOD FL 33022**

TITLE **SECRETARY** ☐ Change ☒ Addition  
NAME **KHILA L. KHANI, ESQ.**  
STREET ADDRESS **2338 HOLLYWOOD BLVD**  
CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE **TREASURER** ☐ Change ☒ Addition  
NAME **CARLOS E GARCIA, CPA**  
STREET ADDRESS **2600 HOLLYWOOD BLVD**  
CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE **IMMEDIATE PAST PRESIDENT** ☐ Change ☒ Addition  
NAME **NOSRAT SCOTT**  
STREET ADDRESS **10461 NW 20 ST**  
CITY-ST-ZIP **PEMBROKE PINES, FL 33026**

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

1/31/01

Date

954-921-3231

Daytime Phone #

CR2E037 (10/00)