2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N46585

1. Entity Name

THE DAAR OF ISLAMIC HERITAGE, INC.

Principal Place of Business

2200 WYNDAM WAY
KISSIMMEE FL 34743
US

Mailing Address

P.O. BOX 450186
KISSIMMEE FL 34745-0186
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 **65-0311516** — 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
LANGSTADT, OLIVER J. 9485 SUNSET DRIVE SUITE #A-280 MIAMI FL 33173	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	DP	☐ Delete	TITLE		☑ Change ☐ Addition
NAME	AL-TUWAIM, MOHAMMAD		NAME	Al-Tuwaim, Mohammad	
STREET ADDRESS	~~P.O. BOX 13992 N/A~~		STREET ADDRESS	2200 Wyndam Way	
CITY-ST-ZIP	~~GAINESVILLE FL~~		CITY-ST-ZIP	Kissimmee, FL 34743	
TITLE	DS	☐ Delete	TITLE		☑ Change ☐ Addition
NAME	~~MOHAMMAD, AL TUWAIM~~		NAME	Hani Almufti	
STREET ADDRESS	~~2200 WYNDON WAY~~		STREET ADDRESS	7201 Lake Arthur Dr. #140	
CITY-ST-ZIP	~~KISSIMMEE FL 34743~~		CITY-ST-ZIP	Port Arthur, TX - 77642	
TITLE	DT	☐ Delete	TITLE	Abdullah Al-Duaijani	☑ Change ☐ Addition
NAME	~~ALDERBAS, ARIF~~		NAME	7507 Georgia Beach Dr. #6206	
STREET ADDRESS	~~2528 RIDGE RD~~		STREET ADDRESS	Winter Park, FL 32792	
CITY-ST-ZIP	~~BLACKSBURG VA~~		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E037 (9/99)

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: _Hani Almufti_   Hani Almufti   4/27/2000   409-729-8455

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