

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90090 047 ****61.25

DOCUMENT # N46808

1. Entity Name

CARIBBEAN - AMERICAN ISLAMIC ASSOCIATION, INC.

Principal Place of Business

8636 SW 14TH ST
 PEMBROKE PINES FL 33025
 US

Mailing Address

8636 SW 14TH ST
 PEMBROKE PINES FL 33025-3320
 US

New address

New address

2. Principal Place of Business

6128 SW 27th Street

3. Mailing Address

6128 - SW 27th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIRAMAR, 33021 FL

City & State

MIRAMAR, FL

4. FEI Number

65-0307617

Applied For

Not Applicable

Zip

33021

Country

U.S

Zip

33021

Country

U.S

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WAZIM MOHAMMED
 8636 SW 14TH ST
 PEMBROKE PINES FL 33025

7. Name and Address of New Registered Agent

Name *WAZIM MOHAMMED*
 Street Address (P.O. Box Number is Not Acceptable)
8636 SW 14th St, Pembroke Pines
 City *P. Pines* FL Zip Code *33025*

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

WAZIM MOHAMMED
(Secretary/DIRECTOR)

**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	PD	<input type="checkbox"/> Delete
NAME	RAMLAL, ARTHUR	
STREET ADDRESS	6811 SW 26TH CT	
CITY-ST-ZIP	MIRMAR FL 33025	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MOHAMMED, WAZIM	
STREET ADDRESS	8636 SW 14 STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	
TITLE	TRD	<input type="checkbox"/> Delete
NAME	MOHAMMED, NAZIR	
STREET ADDRESS	APT 8TH-3777 NW 8TH AVE	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE	T	<input type="checkbox"/> Delete
NAME	SHERIFF MASOOM	
STREET ADDRESS	6001 SW 40TH COURT	
CITY-ST-ZIP	MIRMAR FL 33023	
TITLE	T	<input type="checkbox"/> Delete
NAME	HOSEIN, ARZAL	
STREET ADDRESS	7311 PLANTATION BLVD	
CITY-ST-ZIP	MIRMAR FL 33025	
TITLE	T	<input type="checkbox"/> Delete
NAME	MOHAMMED, KEN	
STREET ADDRESS	6910 SW 8TH ST.	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT/DIR.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMLAL ARTHUR	
STREET ADDRESS	6811-SW 26 CT, MIRAMAR, FL-33023	
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOHAMMED WAZIM	
STREET ADDRESS	8636 SW 14th St, P. Pines, FL-33025	
CITY-ST-ZIP		
TITLE	KAYUBE MOHAMMED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7088 W 29 - AVENUE	
CITY-ST-ZIP	HIALEAH, FL-33016.	
TITLE	SHERIFF MASOOM	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6001 SW 40th COURT	
CITY-ST-ZIP	MIRAMAR, FL-33023	
TITLE	T. HOSEIN ABZAL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7311-Plantation Blvd,	
CITY-ST-ZIP	MIRAMAR, FL-33023	
TITLE	T. NAZEER .B. Mohammed	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9320-NW 34 COURT,	
CITY-ST-ZIP	SUNRISE, FL-33351	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WAZIM MOHAMMED (SECRETARY DIR.)

DATE

DAYTIME PHONE #

01/21/2000
952-436-6506

CR2E037 (9/99)