

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90109 043 \*\*\*\*61.25

**DOCUMENT # N49486**

1. Entity Name

**ISLAMIC FOUNDATION OF FLORIDA, INC.**

Principal Place of Business

6355 ALLISON ROAD  
MIAMI BEACH FL 33141

Mailing Address

% MOHAMMED S. HOSSAIN  
6355 ALLISON RD.  
MIAMI BEACH FL 33141

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

**65-0344900**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

VAKHARIA, BHUPEN  
701 EAST COMMERCIAL BLVD.  
SECOND FLOOR, STE. 200  
FT. LAUDERDALE FL 33334

7. Name and Address of New Registered Agent

Name **MOHAMMAD A. MUGHAL**  
Street Address (P.O. Box Number is Not Acceptable)  
**11811 ROYAL PALM BLVD, # 204**  
**BUILDING # 7, # 204**  
City **CORAL SPRINGS** **FL** Zip Code **33605**

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 *Muhammad A. Mughal*  
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 **D** ☐ Delete  
NAME **HOSSAIN, MOHAMMED S**  
STREET ADDRESS **6355 ALLISON ROAD**  
CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE **D** ☐ Delete  
NAME **HONIRUZZAMAN, MOHAMMED**  
STREET ADDRESS **10994 RAVAL COURT**  
CITY-ST-ZIP **BOCA RATON FL-33498**

TITLE **D** ☐ Delete  
NAME **ASGAR, MOHAMMED A**  
STREET ADDRESS **341 N.E. 35TH STREET**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

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

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: *Muhammad A. Mughal*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/25/01** **305-720-6716**  
Date Daytime Phone #

CR2E037 (10/00)