

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90110 004 ****61.25

DOCUMENT # N50370

1. Entity Name

ISLAMIC MOVEMENT OF FLORIDA, INC.

Principal Place of Business

Mailing Address

8110 PASADENA BLVD.
 PEMBROKE PINES FL 33024
 US

2099 SW 139TH AVE
 DAVIE FL 33325-5046
 US

822647



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3201 N 74TH AVE

3. Mailing Address

3201 N 74TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hollywood FL

City & State

Hollywood FL

4. FEI Number

65-0362777

Applied For

Not Applicable

Zip

33024

Country

U.S.A

Zip

33024

Country

U.S.A

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

ALI, SHAIKH
2099 S.W. 139TH AVENUE
DAVIE FL 33325

Name

ALI SHAIKH

Street Address (P.O. Box Number is Not Acceptable)

3201 N 74TH AVE

3201 N 74TH AVE

City

Hollywood

FL

Zip Code

33024

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

Ali Shaikh **ALI SHAIKH**

03.12.00

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 NAME STREET ADDRESS CITY-ST-ZIP	PD ROOKNUDEEN, GHANY 730 NORTH 65TH AVENUE HOLLYWOOD FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KHAN, MONEER 20214 NW 22 CT MIAMI FL 33056	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALI, SHAIKH 2099 S.W. 139TH AVENUE DAVIE FL 33325	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HASSAN, NAZEER 5241 WEST SAXON CIR FT LAUDERDALE FL 33331	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOHAMED, MOIEN 8321 SW 20TH STREET MIRAMAR FL 33023	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD NASEEB KHAN 1101 S.W. 129TH WAY DAVIE FL 33325	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR Abdul T. Samad 9660 Boulder St Miramar FL 33025	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR Mohamed F. Gajjar 15836 Waverly Manor DAVIE FL 33331	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR Zaher Hassan 2207 N.W. 162 TERRACE Pembroke Pines FL 33028	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Ali Shaikh **ALI SHAIKH (DAVIE)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/00 | **954 474-5722**

Date

Daytime Phone #

CR200007 (0/00)