

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 90684 030 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

**DOCUMENT # N50513**

1. Entity Name

**ISLAMIC ACADEMY OF FLORIDA, INC.**

Principal Place of Business

Mailing Address

5910 E 130TH AVE  
 TAMPA FL 33617  
 US

5910 E. 130TH AVE  
 TAMPA FL 33617  
 US

2. Principal Place of Business

**5903 E. 130th Ave.**

3. Mailing Address

**5903 E. 130th Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Tampa, FL**

City & State

**Tampa, FL**

4. FEI Number

**59-3236474**

Applied For

Not Applicable

Zip

**33617**

Country

**Hillsborough**

Zip

**33617**

Country

**Hillsborough**

5. Certificate of Status Desired

☒

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**AL-ARIAN, SAMI A.  
 5207 E 127TH AVE  
 TAMPA FL 33617**

7. Name and Address of New Registered Agent

Name

**Sami A. Al-Arian**

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

**5903 E. 130th Ave.**

City

**Tampa**

FL

Zip Code

**33617**

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

*Sami A. Al-Arian*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**5/1/02**

**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	CD	<input checked="" type="checkbox"/> Delete
NAME	AL-ARIAN, SAMI	
STREET ADDRESS	5207 E 127TH AVE	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	VCD	<input checked="" type="checkbox"/> Delete
NAME	AL-NAJJAR, MAZON A	
STREET ADDRESS	7015 N 56TH ST APT A	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BIUK, ABDMEJID	
STREET ADDRESS	5113 VINSON DR	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HAMMOUDEH, SAMECH	
STREET ADDRESS	12778 N 57TH ST	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sami A. Al-Arian	
STREET ADDRESS	5903 E. 130th Ave.	
CITY-ST-ZIP	Tampa, FL 33617	
TITLE	VCD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Abdul Rohmen Hamad	
STREET ADDRESS	9878 Morris Glen Way	
CITY-ST-ZIP	Tampa, FL 33637	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Abdelmajid Biuk	
STREET ADDRESS	7007 Doreen St.	
CITY-ST-ZIP	Tampa FL 33617	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sameeh Hammoudeh	
STREET ADDRESS	6004 Soaring Ave.	
CITY-ST-ZIP	Tampa, FL 33617	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Sami A. Al-Arian*

**5/1/02**

**(813) 300-9393**

Date

Daytime Phone #

CR2E037 (9/01)