

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 04, 2003 8:00 am
Secretary of State

08-04-2003 90154 028 ****61.25

DOCUMENT # N50513

1. Entity Name

ISLAMIC ACADEMY OF FLORIDA, INC.



Principal Place of Business

**5903 E 130TH AVE
TAMPA FL 33617
US**

Mailing Address

**5903 E 130TH AVE
TAMPA FL 33617
US**

2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3236474**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**AL-ARIAN, SAMI A.
5903 E 130TH AVE
TAMPA FL 33617**

7. Name and Address of New Registered Agent

Name **Ayman Osman**
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Ayman Osman*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/14/03

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	AL-ARIAN, SAMI	
STREET ADDRESS	5903 E 130TH AVE	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	VCD	<input checked="" type="checkbox"/> Delete
NAME	HAMAD, ABDUL ROHMAN	
STREET ADDRESS	9878 MORRIS GLEN WAY	
CITY-ST-ZIP	TAMPA FL 33637	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BIUK, ABDDMEJID	
STREET ADDRESS	7007 DOREEN ST	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HAMMOUDEH, SAMECH	
STREET ADDRESS	6004 SOARING AVE.	
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		

TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ayman Osman	
STREET ADDRESS	5903 E. 130th Ave	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMAR Shaktfeh	
STREET ADDRESS	5903 E 130th Ave	
CITY-ST-ZIP	Tampa FL 33617	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER Awshah	
STREET ADDRESS	5903 E 130th 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: *Ayman Osman* **SIGNATURE REQUIRED**

7/14/03

9879282

CR2E037 (4/03)