

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000077

1. Entity Name

ISLAMIC RESEARCH CENTER, INC.

R

**FILED**  
**Aug 28, 2000 8:00 am**  
**Secretary of State**

08-28-2000 90059 047 \*\*\*\*61.25

Principal Place of Business

3530 FIRT AVE. NORTH  
3500 BUILDING. STE 220  
ST. PETERSBURG FL 33713  
US

Mailing Address

P.O. BOX 3206  
PINELLAS PARK FL 33780  
US

2. Principal Place of Business

P.O. BOX 3206

3. Mailing Address

Suite, Apt. #, etc.

City & State  
PINELLAS PARK, FL 33780

City & State

4. FEI Number

59-3217607

Applied For

Not Applicable

Zip  
33780

Country  
US

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BARAZANJI, HAITHAM G  
10538 3RD ST N APT B  
ST. PETERSBURG FL 33716

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

*Haitham Barazani* 8/22/00

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

After September 13, 2000 min. will be \$236.25

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  
NAME PD  
STREET ADDRESS BARAZANJI, HAITHAM G  
CITY-ST-ZIP 10538 3RD STREET N., APT. B  
ST. PETERSBURG FL 33716 ☐ Delete

TITLE  
NAME TD  
STREET ADDRESS MOHAREB, IBRAHIM  
CITY-ST-ZIP 715 HOLIDAY DRIVE STE. C  
GREENSBORO NC 27403 ☐ Delete

TITLE  
NAME VD  
STREET ADDRESS SHUJAI, MANSHA A  
CITY-ST-ZIP 850 U.S. ROUTE  
N. BRUNSWICK NJ 08902 ☐ Delete

TITLE  
NAME TD  
STREET ADDRESS KATTOT, MOHAMMED  
CITY-ST-ZIP 444 LAKEVIEW AVENUE  
CLIFTON NJ 07011 ☐ Delete

TITLE  
NAME SD  
STREET ADDRESS ALI, BADI M  
CITY-ST-ZIP 2014 WALKER AVENUE  
GREENSBORO NJ 27403 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)