

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003212

1. Entity Name

ISLAMIC CENTER OF OSCEOLA COUNTY, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90163 047 ****61.25

Principal Place of Business

Mailing Address

2417 N. CENTRAL AVENUE
KISSIMMEE FL 34741
US

2417 N. CENTRAL AVENUE
KISSIMMEE FL 34741-2336
US

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

59-3335319

Applied For

Not Applicable

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

WAKEFIELD, S. CRAIG
1400 W OAK STREET
SUITE A
KISSIMMEE FL 34741

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

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 ☐ Delete
NAME D
STREET ADDRESS THAKUR, MURAD K
CITY-ST-ZIP 5480 CURRYFORD RD
ORLANDO FL 32819

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

TITLE ☐ Delete
NAME D
STREET ADDRESS SAID, ABDULLAH
CITY-ST-ZIP 3007 PEMBROOK DR
ORLANDO FL 32810

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

TITLE ☐ Delete
NAME D
STREET ADDRESS ISLAM, M. SIRAJ UL
CITY-ST-ZIP 715 OAK COMMONS BLVD
KISSIMMEE FL 34741

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

TITLE ☐ Delete
NAME D
STREET ADDRESS BHANDGA, ABDUL J
CITY-ST-ZIP 11736 REED CREEK DR APT 202
ORLANDO FL 32836

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

TITLE ☐ Delete
NAME D
STREET ADDRESS AZIZ, ABDUL
CITY-ST-ZIP 11940 REEDY CREEK DR APT 306
ORLANDO FL 32836

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

TITLE ☐ Delete
NAME
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: M. SIRAJ UL ISLAM
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/00 407 846 6747
Date Daytime Phone #

CR2E037 (9/99)