

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 30, 2002 8:00 am**  
**Secretary of State**

07-30-2002 90376 049 \*\*\*\*61.25

**DOCUMENT # N95000003212**

1. Entity Name

**ISLAMIC CENTER OF OSCEOLA COUNTY, INC.**

Principal Place of Business

Mailing Address

2417 N. CENTRAL AVENUE  
 KISSIMMEE FL 34741  
 US

2417 N. CENTRAL AVENUE  
 KISSIMMEE FL 34741  
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THAKUR, MURAD K</b>	NAME	
STREET ADDRESS	<b>5480 CURRYFORD RD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32819</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SAID, ABDULLAH</b>	NAME	
STREET ADDRESS	<b>3007 PEMBROOK DR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32810</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ISLAM, M. SIRAJ UL</b>	NAME	
STREET ADDRESS	<b>715 OAK COMMONS BLVD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>KISSIMMEE FL 34741</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BHANDGA, ABDUL J</b>	NAME	
STREET ADDRESS	<b>11736 REED CREEK DR APT 202</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32836</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AZIZ, ABDUL</b>	NAME	
STREET ADDRESS	<b>11940 REEDY CREEK DR APT 306</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32836</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *[Signature]*

7/26/02 407944 4353

CR2E037 (4/02)