

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000003930 (3)

1. Corporation Name

ANJUMAN-E-SOUTH FLORIDA INC.



Principal Place of Business

221 NW 156TH LN  
PEMBROKE PINES FL 33028

Mailing Address

221 NW 156TH LN  
PEMBROKE PINES FL 33028

3. Date Incorporated or Qualified

08/15/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

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4. FEI Number

65-0605571

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EZUDDIN, SHABBIR  
221 NW 156TH LN  
PEMBROKE PINES FL 33028

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME EZUDDIN, SHABBIR  
STREET ADDRESS 221 NW 156TH LN  
CITY-ST-ZIP PEMBROKE PINES FL 33028

TITLE D ☒ DELETE  
NAME NURBHAI, NAJMUDDIN  
STREET ADDRESS 4718 NW 89TH AVE  
CITY-ST-ZIP SUNRISE FL 33351

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE T ☒ Change ☐ Addition  
2.2 NAME SALIM IBRAHIM  
2.3 STREET ADDRESS 4325 NW 18th St #108  
2.4 CITY-ST-ZIP MIAMI FLORIDA 33126

3.1 TITLE T ☐ Change ☒ Addition  
3.2 NAME ZOE NEK  
3.3 STREET ADDRESS 1485 W 46th St #522  
3.4 CITY-ST-ZIP HIALEAH FLORIDA 33012

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME 200001826832  
5.3 STREET ADDRESS -05/20/96--01004--0  
5.4 CITY-ST-ZIP \*\*\*61.25 14

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if it changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
SHABBIR EZUDDIN

4-28-96 (954) 431-2542

Date

Daytime Phone #

CR2E037 (12/95)