2000 UNIFORM BUSINESS REPORT (UBR)

"SICKA TOUSE REQU

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Aug 17, 2000 8:00 am Secretary of State DOCUMENT # N9600000169 1. Entity Name ASSALAM CENTER, INC. 08-17-2000 90102 026 ****70.00 Principal Place of Business Mailing Address 21218 ST. ANDREWS BLVD. UNIT #147 21218 ST. ANDREWS BLVD. UNIT #147 **BOCA RATON FL 33433 BOCA RATON FL 33433** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0638062 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SAIFELDEAN ELHASSAN Street Address (P.O. Box Number is Not Acceptable) MAHGOUB, IMAD 6848 PALMETTO CIR S 14th St. #1216 **BOCA RATON FL 33433** ROCA RATON 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** After September 13, 2000 min. will be \$236.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PD OF BUILDING RELEASE TITLE ☐ Delete TITLE MUNZIR ZIRLI 6980 N.W. 67 Ct. MAHGOUB, IMAD *** NAME NAME STREET ADDRESS STREET ADDRESS 6848 PALMETTO CIRCLE #1216 PARKLAND, FL 33067 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33433** VDT ☐ Delete TITLE WISSAM HAMADE COLUCCI, RAY NAME NAME 22563 S.W. 66 AVE #207 STREET ADDRESS STREET ADDRESS BOCA RATON, FL 33434 CITY_ST_7IP CITY-ST-7IP BOCA RATON FL 33428 VDS ☐ Delete TITLE TITLE REDA ABDEL-FATTAH IBRAHIM, NAZIH NAME NAME STREET ADDRESS 1350 CHAMPAGNE PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33433 BOCA RATON, FL Change Addition TITLE ☐ Defete TITLE ELHASSAN, SAIFELDEAN NAME. STREET ADDRESS 1545 SW 14TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33486 Delete TITLE ☐ Addition TITLE HASSAN, MOHAMED NAME NAME STREET ADDRESS 11453 NW 39TH CT #110 STREET ADDRESS CITY-ST-ZIF CORAL SPRINGS FL 33065 CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE MAZOUZ, ABDELKADER NAME NAME STREET ADDRESS 11427 CLEAR CREEK PLACE STREET ADDRESS CITY-ST-7IP **BOCA RATON FL 33428** CITY-ST-7IP 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.

MAHGOUB

(561) 347-0938

Daytime Phone #

FILED