

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2003 8:00 am
Secretary of State

05-16-2003 90188 015 ****70.00

DOCUMENT # N96000001639

1. Entity Name

MAS JID AL IBRAHIM, INC.



Principal Place of Business

**600 N.W. 62ND STREET
MIAMI FL 33150**

Mailing Address

**600 N.W. 62ND STREET
MIAMI FL 33150**

2. Principal Place of Business

6301 NW 6 AVE

Suite, Apt. #, etc.

3. Mailing Address

6301 NW 6 AVE

Suite, Apt. #, etc.

City & State

MIAMI FLA

Zip

33150

Country

USA

City & State

MIAMI FLA

Zip

33150

Country

USA

4. FEI Number **65-0748608**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SHARIF, ARNOLD
6301 N.W. 7TH AVENUE
MIAMI FL 33150**

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. 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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MALIK, RONALD R	
STREET ADDRESS	6301 N.W. 7TH AVE.	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SHARIF, ARNOLD	
STREET ADDRESS	6301 N.W. 7TH AVE.	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SHABAZZ, HASAN	
STREET ADDRESS	2140 NW 83 ST	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

Arnold Sharif

13 MAY 03

305-759-1250

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)