

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N96000005332**

1. Entity Name

ISLAMIC SOCIETY OF ORLANDO, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90017 018 ****61.25

| | |
|--|---|
| Principal Place of Business 120 UNIVERSITY PARK DRIVE SUITE 140 WINTER PARK FL 32792 | Mailing Address PO BOX 4006 WINTER PARK FL 32793-4006 |
|--|---|



DO NOT WRITE IN THIS SPACE

| | | | |
|--------------------------------|---------|---------------------|---------|
| 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 59-3406381 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

VECCIA, DENNIS P
120 UNIVERSITY PARK DRIVE
SUITE 150
WINTER PARK FL 32792

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.

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

| | | |
|----------------|----------------------------------|---------------------------------|
| TITLE | DP | <input type="checkbox"/> Delete |
| NAME | SAFADI, AKRAM | |
| STREET ADDRESS | 120 UNIVERSITY PARK DRIVE | |
| CITY-ST-ZIP | WINTER PARK FL 32792 | |
| TITLE | DS | <input type="checkbox"/> Delete |
| NAME | ELMASRI, AMIR | |
| STREET ADDRESS | 120 UNIVERSITY PARK DRIVE | |
| CITY-ST-ZIP | WINTER PARK FL 32792 | |
| TITLE | DT | <input type="checkbox"/> Delete |
| NAME | CHARANI, SAMER | |
| STREET ADDRESS | 120 UNIVERSITY PARK DRIVE | |
| CITY-ST-ZIP | WINTER PARK FL 32792 | |
| 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 |
| 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 |
| 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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/2000 **407-679-5759**
9 1119
Date Daytime Phone #

CR2E037 (9/99)