

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005775

1. Entity Name

ISLAMIC CENTER OF NEW PORT RICHEY AREA, INC.

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90017 013 ****61.25

Principal Place of Business

Mailing Address

5250 SR 54
NEW PORT RICHEY, FL 34652
US

3739 ERIN BROOK DR
NEW PORT RICHEY FL 34655-2910
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-34 16394

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MODI, AYUB A
3739 ERIN BROOK DRIVE
NEW PORT RICHEY FL 34655

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME RAHIM, A
STREET ADDRESS 5749 WEST SHORE DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL 34652

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VTD ☐ Delete
NAME ZAKI, KHAJA
STREET ADDRESS 5041 WEST SHORE DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL 34652

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME MODI, AYUB A
STREET ADDRESS 3739 ERIN BROOK DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL 34655

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME KADIWALA, M U
STREET ADDRESS 1923 GULF VIEW DRIVE
CITY-ST-ZIP HOLIDAY FL 34691

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME FFADDOUSEN, ISMAIL
STREET ADDRESS 7050 GRAND BLVD
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE DIRECTOR ☒ Change ☐ Addition
NAME ZAIDI, FARRUKH
STREET ADDRESS 8547 TRASHER CT
CITY-ST-ZIP NEW PORT RICHEY, FL 34690

TITLE D ☐ Delete
NAME AHMED, AEZAZ
STREET ADDRESS 12010 PENZANCE LANE
CITY-ST-ZIP NEW PORT RICHEY FL 34654

TITLE ☐ Change ☐ 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

3/6/2000

(727) 937-5533

Date

Daytime Phone #

CR2E037 (9/99)