

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001150
 1. Entity Name
 ALAZHAR SCHOOL, INC.

Principal Place of Business Mailing Address
 4505 NW 103RD AVE. 817 S. UNIVERSITY DR.
 SUNRISE, FL 33351-7935 PLANTATION FL 33324

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 65-0751725 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BEHAIRY, MOHAMED S
 512 JACARANDA WAY
 PLANTATION, FL 33324

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 P/D Delete
 NAME BEHAIRY, MOHAMED S
 STREET ADDRESS 817 S UNIVERSITY DR #104
 CITY-ST-ZIP PLANTATION, FL 33324

TITLE VPD Delete
 NAME SALEH, MUSTAFA
 STREET ADDRESS 11372 WEST STATE RD 84
 CITY-ST-ZIP FT. LAUDERDALE, FL 33325

TITLE SD Delete
 NAME HALWAGY, ALAA
 STREET ADDRESS 164 NW 45TH AVE
 CITY-ST-ZIP

TITLE DEERFIELD BEACH, FL 33442 Delete
 NAME T
 STREET ADDRESS ELHALWAGY, ADEL
 CITY-ST-ZIP 4324 NW 9TH AVE BUILDING 5

TITLE POMPANO BEACH, FL 33064 Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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: *Adel Elhalwagy*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-14-00

Date

Daytime Phone #

CR1E037 (9/99)