

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N97000002732

1. Entity Name
DARUL ULOOM INSTITUTE AND ISLAMIC TRAINING
CENTER, INC.



Principal Place of Business
7050 PINES BLVD.
PEMBROKE PINES, FL 33024

Mailing Address
7050 PINES BLVD.
PEMBROKE PINES, FL 33024

FILED
Jul 22, 2008 08:00 AM
Secretary of State



07112008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0559844	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

SHAFAYAT, MAULANA
2205 SW 62ND TERRACE
MIRAMAR, FL 33023

**DO NOT WRITE
IN THIS SPACE**

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 restate.)

DATE

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000955761
07/22/08-80003-020 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MOHAMED, SHAFAYAT
STREET ADDRESS	2205 SW 62 TERR.
CITY-ST-ZIP	MIRAMAR, FL 33023
TITLE	D
NAME	SABIR, NASHID
STREET ADDRESS	19542 NW 88 AVE.
CITY-ST-ZIP	MIAMI, FL 33015
TITLE	D
NAME	AZAD, ALI
STREET ADDRESS	13700 NW 18 STREET
CITY-ST-ZIP	PEMBROKE PINES, FL 33028
TITLE	D
NAME	MOHAMED, SHEIKH M
STREET ADDRESS	4308 JEFFERSON STREET
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	D
NAME	SHAFI, FAROOG
STREET ADDRESS	2205 SW 62 TERR.
CITY-ST-ZIP	MIRAMAR, FL 33023
TITLE	D
NAME	ULLAH, SHAFI DR
STREET ADDRESS	2205 SW 62 TERR.
CITY-ST-ZIP	MIRAMAR, FL 33023

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sheikh M. Mohamed

Date

7/11/08

Daytime Phone #

(954) 494 5347