

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003311

1. Entity Name

THE ISLAMIC CENTER OF THE UNIVERSITY OF MIAMI IN

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90099 036 ****61.25

Principal Place of Business Mailing Address
%DR MA TAPIA. ECE DEP. UNIV OF MIAMI
PO BOX 248294
CORAL GABLES FL 33124
%DR MA TAPIA. ECE DEP. UNIV OF MIAMI
PO BOX 248294
CORAL GABLES FL 33124-8294

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 65-0454544 Applied For
Not Applicable

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

TAPIA, MOIEZ A
5904 SW 64TH PLACE
MIAMI FL 33143

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 CD ☐ Delete
NAME TAPIA, MOIEZ A
STREET ADDRESS 5904 SW 64TH PLACE
CITY-ST-ZIP MIAMI FL 33413
TITLE VCD ☐ Delete
NAME ASFOUR, SHIHAB S
STREET ADDRESS 9608 SW 117 CT
CITY-ST-ZIP MIAMI FL 33186
TITLE D ☐ Delete
NAME KAKAC, SADIK
STREET ADDRESS 814 MARIANA AVE
CITY-ST-ZIP CORAL GABLES FL 33134
TITLE D ☐ Delete
NAME BOUBEKAI, NOURREDINE
STREET ADDRESS 6910 SW 132ND P:ACE
CITY-ST-ZIP MIAMI FL 33183
TITLE SD ☐ Delete
NAME MIAN, ABDUL M
STREET ADDRESS 7790 SW 124 ST
CITY-ST-ZIP MIAMI FL 33156
TITLE D ☐ Delete
NAME MNAYMNAEH, WALID
STREET ADDRESS 8655 SW 54 CT
CITY-ST-ZIP MIAMI FL 33143

TITLE Abughazaleh, Mohamm ☐ Change ☒ Addition
NAME 800 Douglas Entrance, North Tower
STREET ADDRESS 12th Floor, Coral Gables, FL 33134
CITY-ST-ZIP
TITLE Amer, Salah ☐ Change ☒ Addition
NAME 430 Costanera Treasury
STREET ADDRESS Coral Gables, FL 33143
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
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 M. A. TAPIA, Chairman
01/11/2000 (305) 284-35
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (9/99)