

DOCUMENT # N97000003311

1. Entity Name

THE ISLAMIC CENTER OF THE UNIVERSITY OF MIAMI IN

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
VPD	TAPIA, MOIEZ A	5904 SW 64TH PLACE	MIAMI FL 33413	<input type="checkbox"/>
VPD	ASFOUR, SHIHAB S	9608 SW 117 CT	MIAMI FL 33186	<input type="checkbox"/>
D	KAKAC, SADIK	814 MARIANA AVE	CORAL GABLES FL 33134	<input type="checkbox"/>
D	BOUBEKAI, NOURREDINE	6910 SW 132ND PACE	MIAMI FL 33183	<input type="checkbox"/>
SD	MIAN, ABDUL M	7790 SW 124 ST	MIAMI FL 33156	<input type="checkbox"/>
CD	MNAYMNAEH, WALID	8655 SW 54 CT	MIAMI FL 33143	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TP	AMER, SALAH	430 Costanera Road	Coral Gables, FL 33143	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Mohammad Abughazaleh	800 Douglas Entrance Road, 12 Floor	Coral Gables, FL 33134	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

* These have been directors for a few years.

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 MOIEZ A TAPIA, Vice Chairman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 01/04/2001 Daytime Phone #