

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2006 8:00 am
Secretary of State

01-24-2006 90013 019 ****61.25

DOCUMENT # N97000003311 1. Entity Name THE ISLAMIC CENTER OF THE UNIVERSITY OF MIAMI INC.					
Principal Place of Business %DR MA TAPIA, ECE DEP, UNIV OF MIAMI PO BOX 248294 CORAL GABLES, FL 33124			Mailing Address %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	
				5. Certificate of Status Desired <input type="checkbox"/> \$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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD TAPIA, MOIEZ A 5904 SW 64TH PLACE MIAMI, FL 33413 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mohammad Abugha Zaleh <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 800 Douglas Entrance, North Tower 12th Floor, Coral Gables, FL 33134		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASFOUR, SHIHAB S 9608 SW 117 CT MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Dr. Salah Amer <input type="checkbox"/> Change <input type="checkbox"/> Addition 430 Costanera Coral Gables, FL 33143		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAKAC, SADIK 814 MARIANA AVE CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOUBEKRI, NOURREDINE, Ind. Engrng. 6110 SW 132ND PLACE North Illinois Univ MIAMI, FL 33183 DeKalb, Ill 60115 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MIAN, ABDUL M 7790 SW 124 ST MIAMI, FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MNAYMNAEH, WALID 8655 SW 54 CT MIAMI, FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>m. tapia</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Jan. 16, 2006 (305) 284-5565 <small>Date Daytime Phone #</small>			