

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003311

FILED
Jan 07, 2008
Secretary of State

Entity Name: THE ISLAMIC CENTER OF THE UNIVERSITY OF MIAMI INC.

Current Principal Place of Business:

%DR MA TAPIA, ECE DEP, UNIV OF MIAMI
1251 MEMORIAL DRIVE
CORAL GABLES, FL 33124 US

New Principal Place of Business:

Current Mailing Address:

%DR MA TAPIA, ECE DEP, UNIV OF MIAMI
1251 MEMORIAL DRIVE
CORAL GABLES, FL 33124 US

New Mailing Address:

FEI Number: 65-0454544

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VCD () Delete
Name: TAPIA, MOIEZ A
Address: 5904 SW 64TH PLACE
City-St-Zip: MIAMI, FL 33143

Title: D () Delete
Name: ASFOUR, SHIHAB S
Address: 9608 SW 117 CT
City-St-Zip: MIAMI, FL 33186

Title: D () Delete
Name: KAKAC, SADIK
Address: 814 MARIANA AVE
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: BOUBEKRI, NOURREDINE
Address: 6910 SW 132ND P,ACE
City-St-Zip: MIAMI, FL 33183

Title: SD () Delete
Name: MIAN, ABDUL M
Address: 7790 SW 124 ST
City-St-Zip: MIAMI, FL 33156

Title: CD () Delete
Name: MNAYMNAEH, WALID
Address: 8655 SW 54 CT
City-St-Zip: MIAMI, FL 33143

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: M. A. TAPIA

VC

01/07/2008

Electronic Signature of Signing Officer or Director

Date