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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N97000003756

1. Corporation Name

BUENA VISTA MUSLIM ACADEMY, INC.

Principal Place of Business

8024 CHIANTI DRIVE  
ORLANDO FL 32836

Mailing Address

8024 CHIANTI DRIVE  
ORLANDO FL 32836



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

06/30/1997

4. FEI Number

59-3467750

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

MASHBURN, ERIC S ESQ.  
102 E. MAPLE STREET  
ORLANDO FL 32836

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

KASU ABDULGHANI

4-27-99

12. OFFICERS AND DIRECTORS

TITLE DV ☐ DELETE

NAME ANSARI, NAYYAR S  
STREET ADDRESS 8024 CHIANTI DRIVE  
CITY-ST-ZIP ORLANDO FL 32836

TITLE DP ☐ DELETE

NAME KASU, ABDULGHANI  
STREET ADDRESS 2690 CERAM AVENUE  
CITY-ST-ZIP ORLANDO FL 32837

TITLE DST ☐ DELETE

NAME MALIK, MUHAMMAD Z  
STREET ADDRESS 1690 CEDRO AVENUE  
CITY-ST-ZIP DELTONA FL 32738

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME ANSARI NAYYAR S  
1.3 STREET ADDRESS 11551 RUBY LK. RD.  
1.4 CITY-ST-ZIP ORLANDO, FL 32836

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME KASU ABDULGHANI  
2.3 STREET ADDRESS 9646 KILGORE RD.  
2.4 CITY-ST-ZIP ORLANDO, FL 32836

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 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

Date

Daytime Phone #

KASU ABDULGHANI 4-27-99

(407) 859-6583

CR2E037 (11/98)