

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003756

1. Entity Name

BUENA VISTA MUSLIM ACADEMY, INC.

FILED

May 14, 2001 8:00 am
Secretary of State

05-14-2001 90259 014 ****61.25

Principal Place of Business

8024 CHIANTI DRIVE
ORLANDO FL 32836

Mailing Address

8024 CHIANTI DRIVE
ORLANDO FL 32836

2. Principal Place of Business

11551 RUBY LAKE RD

Suite, Apt. #, etc.

3. Mailing Address

11551 Ruby Lake Rd

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

ORLANDO FL

Zip

Country

32836

Zip

Country

32836

4. FEI Number

59-3467750

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

TITLE DV
NAME ANSARI, NAYYAR S
STREET ADDRESS 11551 RUBY LK RD
CITY-ST-ZIP ORLANDO FL 32836 ☐ Delete

TITLE DP
NAME KASU, ABDULAHANI
STREET ADDRESS 9646 KILGORE RD
CITY-ST-ZIP ORLANDO FL 32836 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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
ABDULAHANI KASU

Date

Daytime Phone #

407-
4-30 2001 659-6583

CR2E037 (10/00)