

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000468

1. Entity Name

ISLAMIC CENTER OF CENTRAL BREVARD, INC.

FILED

May 15, 2002 8:00 am
Secretary of State

05-15-2002 90001 003 ****61.25

Principal Place of Business
375 S. COURTENAY PKWY
MERRITT ISLAND FL 32953

Mailing Address
375 S. COURTENAY PKWY
MERRITT ISLAND FL 32953

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

59-3490792

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

RAUMAN, MAHER
479 N. COURTENAY PKWY
MERRITT ISLAND FL 32953

RAHMAN MAHER
111 S. INDIAN CIR
COCOA FL-32922

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 S
NAME EYAD, ALSHAMABI
STREET ADDRESS 2211 SPRING CIR
CITY-ST-ZIP COCOA FL 32926 ☐ Delete

TITLE Director
NAME Vajed Vay Pa
STREET ADDRESS 144 las Palmas
CITY-ST-ZIP merritt island FL 32953 ☐ Change ☒ Addition

TITLE DV
NAME IBRAHIM, MOHAMMED S
STREET ADDRESS 115 HACIENDA DRIVE
CITY-ST-ZIP MERRITT ISLAND FL 32952 ☐ Delete

TITLE D
NAME ABDUL M. KARIM
STREET ADDRESS 525 HIDDEN CREEK DR
CITY-ST-ZIP MERRITT ISLAND FL-32952 ☐ Change ☒ Addition

TITLE X VP
NAME KHALDOUN, MOZAHM
STREET ADDRESS 111 LONGWOOD AVE
CITY-ST-ZIP ROCKLEDGE FL 32955 ☐ Delete

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

TITLE P
NAME RAHMAN, MAHER
STREET ADDRESS 479 N COURTENAY PKWY
CITY-ST-ZIP MERRITT ISLAND FL 32953 ☐ Delete

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

TITLE D
NAME DARWAZH, MANTHER
STREET ADDRESS 180 MINNA LANE
CITY-ST-ZIP MERRITT ISLAND FL 32953 ☒ Delete

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

TITLE TP
NAME QADER, MARAWAAN
STREET ADDRESS 410 N. BANANA RIVER DRIVE
CITY-ST-ZIP MERRITT ISLAND FL 32953 ☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.24.02 321-4808877

Date

Daytime Phone #

CR2E037 (9/01)