

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 16, 2003 8:00 am
Secretary of State

5/1

05-01-2003 90779 037 ****61.25

DOCUMENT # N98000000468

1. Entity Name

ISLAMIC CENTER OF CENTRAL BREVARD, INC.



Principal Place of Business

Mailing Address

**375 S. COURTENAY PKWY
MERRITT ISLAND FL 32953**

**375 S. COURTENAY PKWY
MERRITT ISLAND FL 32953**

55048489

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**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RAUMAN, 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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	EYAD, ALSHAMABI	
STREET ADDRESS	2211 SPRING CIR	
CITY-ST-ZIP	COCOA FL 32926	
TITLE	DV	<input type="checkbox"/> Delete
NAME	IBRAHIM, MOHAMMED S	
STREET ADDRESS	115 HACIENDA DRIVE	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	KHALDOUN, MOZAHM	
STREET ADDRESS	111 LONGWOOD AVE	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	P	<input type="checkbox"/> Delete
NAME	RAHMAN, MAHER	
STREET ADDRESS	479 N COURTENAY PKWY	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	D	<input type="checkbox"/> Delete
NAME	VAY DA, VAJEO	
STREET ADDRESS	149 LAS PALMAS	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	TP	<input checked="" type="checkbox"/> Delete
NAME	QADER, MARAWAAN	
STREET ADDRESS	410 N. BANANA RIVER DRIVE	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

MAHARAHIM MOHAMMED S. RAHMAN 4/28 (321)403-4704

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E007 (10/02)