

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003730

1. Entity Name

MASJIDUL NOOR - ISLAM OF OCALA, INC.

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90087 033 \*\*\*\*61.25

Principal Place of Business

Mailing Address

LOT 28, BLOCK 596 UNIT 24  
SILVER SPRINGS FL 34468

6037 N.E. 61 AVE. RD.  
SILVER SPRINGS FL 34488-1244

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

58-3579912

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

JABAR, MOHAMED  
16806 SOUTH US HIGHWAY 301  
SUMMERFIELD FL 34491

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 DP ☐ Delete  
NAME JABAR, MOHAMED  
STREET ADDRESS 16806 SOUTH US HIGHWAY 301  
CITY-ST-ZIP SUMMERFIELD FL 34491

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

TITLE DV ☒ Delete  
NAME OMAR, HAZRAT  
STREET ADDRESS LOT 28, BLOCK 596 UNIT 24  
CITY-ST-ZIP SILVER SPRINGS FL 34468

TITLE DV ☐ Change ☐ Addition  
NAME FAZIL M. JABAR  
STREET ADDRESS 16804 South US Hwy 301  
CITY-ST-ZIP Summerfield FL 34491

TITLE DST ☐ Delete  
NAME KHAN, TWAHIR  
STREET ADDRESS LOT 28, BLOCK 596 UNIT 24  
CITY-ST-ZIP SILVER SPRINGS FL 34468

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

TITLE DST ☐ Delete  
NAME RAHAMAN, SHEIK H  
STREET ADDRESS LOT 28, BLOCK 596 UNIT 24  
CITY-ST-ZIP SILVER SPRINGS FL 34468

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

TITLE D ☐ Delete  
NAME KHAN, ABDUL H  
STREET ADDRESS LOT 28, BLOCK 596 UNIT 24  
CITY-ST-ZIP SILVER SPRINGS FL 34468

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)