

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 18, 2002 8:00 am**  
**Secretary of State**

03-18-2002 90034 019 \*\*\*\*61.25

**DOCUMENT # N98000004958**

1. Entity Name

**HEALTH RESOURCE CENTER FOR PALESTINE, INC.**

Principal Place of Business

Mailing Address

~~1335~~ **MILITARY TRAIL**  
~~1253~~  
**DEERFIELD BEACH FL 33442**

**1313 S. MILITARY TRAIL, STE. 283**  
**DEERFIELD BEACH FL 33442**

*40 Mosco & Company PA*

2. Principal Place of Business

3. Mailing Address

*40 N OSPREY AVE*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*SUITE D*

City & State

City & State

*SARASOTA FL*

Zip

Country

Zip

Country

*34236 USA*

DO NOT WRITE IN THIS SPACE

4. FEI Number

**31-1631173**

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

**HASHIM, LAMYAA M**  
**123 NW 51 ST**  
**POMPANO BCH FL 33064**

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 ☐ Delete  
NAME **DC**  
STREET ADDRESS **HASHIM, LAMYAA**  
CITY-ST-ZIP **123 NW 51ST CT**  
**POMPANO BEACH FL 33064**

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

TITLE ☐ Delete  
NAME **DST**  
STREET ADDRESS **AHMAD, SYED**  
CITY-ST-ZIP **631 ANDERSON CIR., #108**  
**DEERFIELD BEACH FL 33441**

TITLE ☒ Change ☐ Addition  
NAME **DT**  
STREET ADDRESS **Ahmad, Syed**  
CITY-ST-ZIP **1313 S. Military Trail #283**  
**Deerfield Beach, FL 33442**

TITLE ☐ Delete  
NAME **DC**  
STREET ADDRESS **MUHAMMAD, FAHEEM**  
CITY-ST-ZIP **301 OLIVE WOOD PLACE, APT #0-229**  
**BOCA RATON FL 33431**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **DS**  
STREET ADDRESS **Mohammad Albayaa, Mohammed**  
CITY-ST-ZIP **6741 W. Morris St**  
**Indianapolis, IN 46241**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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]* **LAMYAA M. HASHIM**

*2/7/2002*

*954-461-0167*  
~~561-758-3551~~

CR2E037 (9/01)