2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jul 07, 2000 8:00 am Secretary of State DOCUMENT # N98000007028 ISLAMIC SOCIETY OF GREATER ORLANDO, INC. 05-16-2000 90004 029 ****61.25 Mailing Address Principal Place of Business 11736 REEDY CREEK DRIVE. #204 11738 REEDY CREEK DRIVE, #204 ORLANDO FL 32836-6817 ORLANDO FL 32835 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State A. FEI Number Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) GASPERONI, EMIL'A' 931 WEKIVA SPRINGS LONGWOOD FL 32779 City 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. eldsolique it ettit bas mega beretziger to erran b (NOTE, Registered Agent signature required when reinstating) DATE - -I TIME ST 1000 FILE NOW: •• 9. Election Campaign Financing \$5.00 May Be --Make Check Payable to Trust Fund Contribution. . . FEE IS \$61.25 Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE 66/6) Defeta TITI F Addition Change NAME RASHEED, MOHAMMAD TARIQ NAME STREET ADDRESS STREET ADDRESS 11738 REEDY CREEK DRIVE, #204 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32836 TITLE Delete TITLE ☐ Change ☐ Addition NAME HUSSAIN, AUAZ NAME STREET ADDRESS STREET ADDRESS 11738 REEDY CREEK DRIVE, #204 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32836 TITLE ☐ Delete TITLE Change Addition AMAR JUMANI, RIYAZ NAME STREET ADDRESS 11736 REEDY CREEK-DRIVE: #204 --STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32838 TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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: