

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 07, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90004 029 \*\*\*\*61.25

**DOCUMENT # N98000007028**

1. Entity Name

**ISLAMIC SOCIETY OF GREATER ORLANDO, INC.**

*R*

Principal Place of Business 11738 REEDY CREEK DRIVE, #204 ORLANDO FL 32836	Mailing Address 11738 REEDY CREEK DRIVE, #204 ORLANDO FL 32836-6817
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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DO NOT WRITE IN THIS SPACE

*590-35-48-478*

4. FEI Number <b>APPLIED FOR</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  
**GASPERONI, EMIL A**  
**931 WEKIVA SPRINGS**  
**LONGWOOD FL 32779**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City  
 State: **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: *Tariq Rehman* DATE: *03-05-00*

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

Make Check Payable to Department of State

FILE NOW: FEE IS \$61.25

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RASHEED, MOHAMMAD TARIQ</b>	
STREET ADDRESS	<b>11738 REEDY CREEK DRIVE, #204</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32836</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HUSSAIN, AWAZ</b>	
STREET ADDRESS	<b>11738 REEDY CREEK DRIVE, #204</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32836</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>JUMANI, RIYAZ</b>	
STREET ADDRESS	<b>11738 REEDY CREEK DRIVE, #204</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32836</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
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 this 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: *Tariq Rehman* DATE: *03-05-00*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Tariq Rehman*

CR2E037 (9/99)