

2001 UNIFORM BUSINESS REPORT (UBR)

7/17

FILED
Aug 16, 2001 8:00 am
Secretary of State

07-17-2001 90006 043 ****61.25

DOCUMENT # **1980000071028** (LA)
 1. Entity Name **ISLAMIC SOCIETY OF GREATER ORLANDO.**

Principal Place of Business **11543 COMMERCIAL ST. ORLANDO, FL 32836**
 Mailing Address **3129 HEADDRESS DR. KISSIMMEE, FL 34746.**

2. Principal Place of Business **11543 COMMERCIAL ST.**
 Suite, Apt. #, etc.
 3. Mailing Address **3129 HEADDRESS DR.**
 Suite, Apt. #, etc.

City & State **ORLANDO, FL** City & State **KISSIMMEE, FL**

Zip **32836** Country **U.S.A.** Zip **34746** Country **U.S.A.**

4. FEI Number Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
EMIL A. CASPERONT
931 WERUVA SIRINGS ROAD
LONGWOOD, FL 32779.

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

TITLE	PRESIDENT <input type="checkbox"/> Delete
NAME	TARIQ RASHED, D
STREET ADDRESS	3129 HEADDRESS DR.
CITY-ST-ZIP	KISSIMMEE, FL 34746
TITLE	AISAZ HUSSAIN, D <input type="checkbox"/> Delete
NAME	AISAZ HUSSAIN, D
STREET ADDRESS	3129 HEADDRESS DR.
CITY-ST-ZIP	KISSIMMEE, FL 34746
TITLE	RIYAZ SUMANNI, D <input type="checkbox"/> Delete
NAME	RIYAZ SUMANNI, D
STREET ADDRESS	3129 HEADDRESS DR.
CITY-ST-ZIP	KISSIMMEE, FL 34746
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 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: **Tariq Rashed** **06-30-01** **407-716-3333**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)