

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 | <u>PRESIDENT</u> <input type="checkbox"/> Delete |
| NAME | <u>TARIQ RASHED, D</u> |
| STREET ADDRESS | <u>3129 HEADDRESS DR.</u> |
| CITY-ST-ZIP | <u>KISSIMMEE, FL 34746</u> |
| TITLE | <u>AISAZ HUSSAIN, D</u> <input type="checkbox"/> Delete |
| NAME | <u>3129 HEADDRESS DR.</u> |
| STREET ADDRESS | <u>KISSIMMEE, FL 34746</u> |
| CITY-ST-ZIP | |
| TITLE | <u>RIYAZ SUMANNI, D</u> <input type="checkbox"/> Delete |
| NAME | <u>3129 HEADDRESS DR.</u> |
| STREET ADDRESS | <u>KISSIMMEE, FL 34746</u> |
| CITY-ST-ZIP | |
| 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)