

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000207

1. Entity Name

ALBIR ISLAMIC ASSOCIATION, INC.

FILED

Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90033 046 ****61.25

Principal Place of Business

Mailing Address

3492 POLYNESIAN ISLE
SUITE C
KISSIMMEE FL 34746

3492 POLYNESIAN ISLE
SUITE C
KISSIMMEE FL 34746-4655

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3598351

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 PD ☐ Delete
NAME NKEITI, KAMAL
STREET ADDRESS 3492 POLYNESIAN ISLE
CITY-ST-ZIP KISSIMMEE FL 34746

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

TITLE VTD ☐ Delete
NAME TBAKHI, MOWAFAG
STREET ADDRESS 3492 POLYNESIAN ISLE
CITY-ST-ZIP KISSIMMEE FL 34746

TITLE ☒ Change ☐ Addition
NAME TBAKHI, MOWAFAG
STREET ADDRESS 3492 POLYNESIAN ISLE
CITY-ST-ZIP KISSIMMEE, FL. 34746

TITLE SD ☐ Delete
NAME SHANAWANY, MARWAN
STREET ADDRESS 3492 POLYNESIAN ISLE
CITY-ST-ZIP KISSIMMEE FL 34746

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

TITLE ☐ Delete
NAME
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TITLE ☐ Delete
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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]* SIGNATURE MOWAFAG TBAKHI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/00

Date

(407) 787-0079

Daytime Phone #