

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

0089622

DOCUMENT # N99000000207

1. Entity Name

ALBIR ISLAMIC ASSOCIATION, INC.

02-07-2002 90167 001 *****70.00

Principal Place of Business

3496 POLYNESIAN ISLE
KISSIMMEE FL 34746

Mailing Address

2921 VINELAND ROAD
KISSIMMEE FL 34746

2. Principal Place of Business

3. Mailing Address

6165 West Wood Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Orlando FL.

4. FEI Number

59-3598351

Applied For

Not Applicable

Zip

Country

Zip

Country

32821

Orange

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
NAME ALI, ADEL R. ☐ Delete
STREET ADDRESS 3496 PPOLYNESIAN ISLE
CITY-ST-ZIP KISSIMMEE FL 34746

TITLE VTD
NAME ALMOUSA, JAMAL R. ☐ Change ☐ Addition
STREET ADDRESS 3469 POLYNESIAN ISLE Bcorrection
CITY-ST-ZIP KISSIMMEE FL 34746

TITLE VTD
NAME AL MONSA, JAMAL R. ☐ Delete
STREET ADDRESS 3469 POLYNESIAN ISLE
CITY-ST-ZIP KISSIMMEE FL 34746

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

TITLE SD
NAME BOUATMANI, SAID EL ☐ Delete
STREET ADDRESS 3496 POLYNESIAN ISLE
CITY-ST-ZIP KISSIMMEE FL 34746

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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] VTD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

16th of Jan. 2002 (407) 973-8485
Date Daytime Phone #

CR2E037 (9/01)