2000 UNIFORM BUSINESS REPORT (UBR) N 99 000000 963 DOCUMENT # Aug 15, 2000 8:00 am Secretary of State MASJID AL THSAAN, INC. 08-15-2000 90003 029 ****70.00 Principal Place of Business Mailing Address 06078830 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For ity & State 4. FEI Number Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MIAZHANIF Street Address (P.O. Box Number is Not Acceptable) NIAMI 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 a ed agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign, Financing FILE NOW: \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. TITLE ☐ Change Addition Delete DIRECTOR UDDIN, TASNIM NAME NAME 8281 GRALUAY STREET ADDRESS STREET ADDRESS MIAMI FL 33155 CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE JAMAL NAME NAME 8515 SW IZGTERR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI ☐ Addition ☐ Delete TITLE ☐ Change TITLE SAMRA ABOUL H NAME NAME 5030 SW 149 12 PL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition FARKUL ALIM TITLE TITLE ☐ Delete NAME NAME 18675 SW 107 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE SABIR NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS 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

MIM2 HANIF

SIGNATURE:

SIGNATURE AND TYPED OR P