

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2002 8:00 am
Secretary of State

02-10-2002 90046 014 ****61.25

DOCUMENT # N99000004258

1. Entity Name

NORTH PINELLAS COUNTY MOSQUE, INC.

Principal Place of Business

Mailing Address

P.O. BOX 1487
 OLDSMAR FL 34677

P.O. BOX 1487
 OLDSMAR FL 34677

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

59-3154927

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

7. Name and Address of New Registered Agent

KADOURA, BRUCE
4935 POINTE CIRCLE
OLDSMAR FL 34677

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: RADOURA, BRUCE
 STREET ADDRESS: 4935 POINTE CIRCLE
 CITY-ST-ZIP: OLDSMAR FL

TITLE: NAME: **BRUCE "KADOURA"**
 STREET ADDRESS: **OK**
 CITY-ST-ZIP: **FL**

TITLE: VD
 NAME: SIDDIQUI, SARFRAZ
 STREET ADDRESS: 3241 BRUSHWOOD CT.
 CITY-ST-ZIP: CLEARWATER FL 33761

TITLE: NAME: **OK**
 STREET ADDRESS: **ZIP: 34688**
 CITY-ST-ZIP: **FL**

TITLE: TD
 NAME: HAMID, MARK A
 STREET ADDRESS: 3014 SAVANNAH OAKS CIR.
 CITY-ST-ZIP: TARPON SPRINGS FL 34689

TITLE: NAME: **OK**
 STREET ADDRESS: **ZIP: 34688**
 CITY-ST-ZIP: **FL**

TITLE: NAME: Delete

TITLE: NAME: Change Addition

TITLE: NAME: Delete

TITLE: NAME: Change Addition

TITLE: NAME: Delete

TITLE: NAME: 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: *Bruce Kadoura*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-02 (727) 738-5170

Date

Daytime Phone #

CR2E037 (9/01)