

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2003 8:00 am**  
**Secretary of State**

02-19-2003 90025 046 \*\*\*\*61.25

**DOCUMENT # N99000004546**

1. Entity Name

**MADRASAH MIFTAHUL ULOOM, INC.**



Principal Place of Business

**11504 PINE ST  
ORLANDO FL 32836**

Mailing Address

**11504 PINE ST  
ORLANDO FL 32836**

2. Principal Place of Business

**11543 Commercial St.**

3. Mailing Address

**P.O. Box 22611**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Orlando FL**

City & State

**Lake Buena Vista, FL**

Zip

**32836**

Country

**USA**

Zip

**32830**

Country

**USA**

4. FEI Number **59-3593182**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**HEMMALI, REHANNAH  
8505 CEDAR COVE CT  
ORLANDO FL 32819**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	OMARJEE, MOHAMED S	
STREET ADDRESS	11504 PINE ST	
CITY-ST-ZIP	ORLANDO FL 32836	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	ABAUMER, MOHAMMED	
STREET ADDRESS	10158 BRANDOL CIR.	
CITY-ST-ZIP	ORLANDO FL 32836	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	BHANGDA, ABDUL J	
STREET ADDRESS	11736 REEDY CREEK DR., APT.#202	
CITY-ST-ZIP	ORLANDO FL 32836	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	SHABIR, MOHAMMED	
STREET ADDRESS	10133 FACET CT.	
CITY-ST-ZIP	ORLANDO FL 32836	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAHMAN, WALLY	
STREET ADDRESS	11602 PINE ST.	
CITY-ST-ZIP	ORLANDO, FL 32836	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAGAN, IQBAL	
STREET ADDRESS	6201 MARLBERRY DR.	
CITY-ST-ZIP	ORLANDO, FL 32819	
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZAMAN, SAMI UZ	
STREET ADDRESS	8600 5TH ST.	
CITY-ST-ZIP	ORLANDO, FL 32836	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOHAMED, SHERIF	
STREET ADDRESS	8654 7TH ST.	
CITY-ST-ZIP	ORLANDO, FL 32836	
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: SIGNATURE REQUIRED**

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, DIRECTOR, OR TRUSTEE)

2/17/03

407 238 7973

CR2E037 (10/02)