

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 03, 2001 8:00 am**
Secretary of State

04-03-2001 90048 005 *****75.00

0019655

DOCUMENT # N99000005718

Entity Name

ISLAMIC CENTER OF GAINESVILLE, INC.

Principal Place of Business

**1010 WEST UNIVERSITY AVE.
GAINESVILLE FL 32601**

Mailing Address

**1010 WEST UNIVERSITY AVE.
GAINESVILLE FL 32601**

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

59-3607185

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

**M-
GHULAM, MUJTABA
5415 NW 78TH LANE
GAINESVILLE FL 32653**Name **GHULAM MUJTABA**

Street Address (P.O. Box Number is Not Acceptable)

SAME ADDRESS AND NAME LAST**NAME SPELLING IS MUJTABA NOT**

City

MUJTABA

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 NAME STREET ADDRESS CITY-ST-ZIP | DP MOHAMMED, KHALED 1514 SE 15TH AVE GAINESVILLE FL 32641 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV TEKEN, SABAN 320-2 UNIVERSITY VILLAGE GAINESVILLE FL 32603 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST ILYAS, MOHAMMAD 1111 SW 16TH AVE APT 102 GAINESVILLE FL 32601 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | GHULAM MUJTABA DIC 5415 NW 78TH LANE GAINESVILLE, FL 32653 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Safwan Ajlani D 1690 NE 16th AVE GAINESVILLE, FL 32601 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PLEASE SEE THE ATTACHED LISTS OTHER NAMES OF OFFICERS & DIRECTORS | <input type="checkbox"/> Delete |

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PLEASE SEE THE ATTACHED LISTS FOR UPDATED NAMES OF DIRECTORS AND OFFICERS | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> 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: **GHULAM MUJTABA** REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/01 (352) 377-5497

Date

Daytime Phone #

CR2E037 (10/00)

Attachment Document # N99000005718- ^{2/3}
BOARD OF DIRECTORS OF ISLAMIC CENTER OF GAINESVILLE
YEAR 2001 *COO40497*

Ghulam Mujtaba (Chairman)
5415 NW 78th Lane
Gainesville, FL 32608
Phone: (352) 377-5497 E-Mail: mujtaba2000@cs.com

Ashraf M. Hassanein (Vice-Chairman)
3122 SW 125th St
Archer, FL 32618
Phone: (352) 331-2780 E-Mail: HASSAN@pathology.ufl.edu

Mohammad Bahmaid (Secretary)
2777 SW Archer Rd Apt No. AS357
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Safwan Ajlani
1690 NE 16th Ave
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Orange Spring, FL 3218
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Saban Taken
320-2 University Village South
Gainesville, FL 32603
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Ayman Filimban
3705 SW 27th Street No. 1026
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