

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000003028

**FILED**  
**Feb 05, 2015**  
**Secretary of State**  
**CC0246051147**

**Entity Name:** MUSLIM CEMETERY OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

4870 OLD TAMPA HWY  
KISSIMMEE, FL 34758

**Current Mailing Address:**

4870 OLD TAMPA HWY  
KISSIMMEE, FL 34758 US

**FEI Number:** 45-1067986

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HAQUE, AMIN  
7232 W SAND LAKE ROAD  
102  
ORLANDO, FL 32819 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title VP  
Name SADAT, GOLAM N  
Address 2881 OCONNELL DRIVE  
City-State-Zip: KISSIMMEE FL 34741

Title PRESIDENT  
Name HASSOUNEH, JAMAL  
Address 1569 CARRINGTON AVENUE  
City-State-Zip: WINTER SPRINGS FL 32708

Title SEC  
Name AL-SAYEED, KAISAR  
Address 2500 PARADISE CIRCLE  
City-State-Zip: KISSIMMEE FL 34741

Title TR  
Name HAQUE, AMIN  
Address 2852 O'CONNELL DRIVE  
City-State-Zip: KISSIMMEE FL 34741

Title VP  
Name ALI, KUDRAT  
Address 8519 FOREST RUN LANE  
City-State-Zip: ORLANDO FL 32836

Title ASST. TREASURER  
Name IQBAL, MOHAMMAD  
Address 2861 PAIGE DR  
City-State-Zip: KISSIMMEE FL 34741

Title DIRECTOR  
Name AHMAD, SAEED  
Address 1520 N. JOHN YOUNG PKWY.  
City-State-Zip: KISSIMMEE FL 34741

Title ASST. TREASURER  
Name ISLAM, HUZZATUL  
Address 2769 TROPICAL LAKE DR  
City-State-Zip: KISSIMMEE FL 34741

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** AMIN HAQUE

**TREASURER**

**02/05/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            ABDARI, MOHAMED  
Address        4870 OLD TAMPA HWY  
City-State-Zip: KISSIMMEE FL 34758