

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000006045

**FILED**  
**Apr 28, 2022**  
**Secretary of State**  
**2318980034CC**

**Entity Name:** OUR LAND OUR HERITAGE, INC

**Current Principal Place of Business:**

431 E SEEGER  
CHICAGO, IL 60005

**Current Mailing Address:**

P.O. BOX: 302  
OAK LAWN,, IL 60454

**FEI Number: 86-2826846**

**Certificate of Status Desired: Yes**

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

HALABI, SAMI  
17120 NW 17TH CT.  
MIAMI GARDENS, FL 33056 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 P / T  
Name HALABI, SAMI  
Address P.O. BOX: 302  
City-State-Zip: OAK LAWN IL 60454

Title VP  
Name SYAGHA, LINA  
Address P.O. BOX: 302  
City-State-Zip: OAK LAWN IL 60454

Title D  
Name BASSAM, ABU A-HOSSAN  
Address P.O. BOX: 302  
City-State-Zip: OAK LAWN IL 60454

Title D  
Name SARAYUDDIN N, ABIL  
Address P.O. BOX: 302  
City-State-Zip: OAK LAWN IL 60454

Title D  
Name RABIH, KAMAL AL-DIN  
Address P.O. BOX: 302  
City-State-Zip: OAK LAWN IL 60454

Title D  
Name NIHAD, ABU WADI  
Address P.O. BOX: 302  
City-State-Zip: OAK LAWN IL 60454

*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: SAMI HALABI**

**P / T**

**04/28/2022**

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

\_\_\_\_\_  
Date