

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000003525

**FILED**  
**Mar 07, 2014**  
**Secretary of State**  
**CC5030983617**

**Entity Name:** AL-MUHMIN ISLAMIC CENTER, INC.

**Current Principal Place of Business:**

2410 N.W. 93 STREET  
MIAMI, FL 33147

**Current Mailing Address:**

2410 N.W. 93 STREET  
MIAMI, FL 33147 US

**FEI Number:** 65-0446430

**Certificate of Status Desired:** Yes

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

ABDULKAREEM, KAREEMOT A  
2410 N.W. 93 STREET  
MIAMI, FL 33147 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  
Name IBRAHIM, GANIU A  
Address 9800 SW 157 TERRACE  
City-State-Zip: MIAMI FL 33157

Title T  
Name KOTUN, MULIKAT MRS  
Address 3361 KAPOT TERRACE  
City-State-Zip: MIRAMAR FL 33025

Title FS  
Name ABDULSALAM, SERIFAT MRS  
Address 21409 NW 13TH COURT, APT 505  
City-State-Zip: MIAMI GARDEN FL 33169

Title S  
Name KOTUN, KASALI MR  
Address 12112ST ANDREWS PL, UNIT 202  
City-State-Zip: MIRAMAR FL 33025

Title IMAM  
Name IBRAHIM, LATEEF O  
Address 3505 NASSAU DRIVE  
City-State-Zip: MIRAMAR FL 33023

*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:** KOTUN KASALI

**SECRETARY**

**03/07/2014**

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

\_\_\_\_\_  
Date