

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

DOCUMENT# N95000001175

**Entity Name:** ISLAMIC SCHOOL OF MIAMI, INC.

**Current Principal Place of Business:**

11699 SW 147 AV E  
MIAMI, FL 33196

**Current Mailing Address:**

11699 SW 147 AV E  
MIAMI, FL 33196

**FEI Number:** 65-0565951

**Certificate of Status Desired:** No

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

HOZIEN, NIDAL  
11699 SW 147 AV E  
MIAMI, FL 33196 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 CHAIRMAN  
Name HOZIEN, NIDAL  
Address 8975 SW 112 AVE  
City-State-Zip: MIAMI FL 33176

Title VC  
Name ANJUM, NAVEED  
Address 11699 SW 147 AVE  
City-State-Zip: MIAMI FL 33196

Title SECRETARY  
Name KALEEM, FAISAL DR.  
Address 11699 SW 147 AVE  
City-State-Zip: MIAMI FL 33196

Title TREASURER  
Name UWEYDA, AOUS  
Address 11699 SW 147 AVE  
City-State-Zip: MIAMI FL 33196

Title DIRECTOR  
Name IBRAHIMUDDIN, MOHAMMAD  
Address 12841 SW 187 TER  
City-State-Zip: MIAMI FL 33177

Title DIRECTOR  
Name KARAKIRA, BILAL  
Address 9620 W. CALUSA CLUB DRIVE  
City-State-Zip: MIAMI FL 33186

Title DIRECTOR  
Name RAHEEM, LYNDA  
Address 11699 SW 147 AV E  
City-State-Zip: MIAMI FL 33196

Title DIRECTOR  
Name FAROUK, MOHAMMED K DR.  
Address 11699 SW 147 AV E  
City-State-Zip: MIAMI FL 33196

**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:** AOUS UWEYDA

**TREASURER**

**05/19/2014**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name ABUBAKAR, RASIKH  
Address 11699 SW 147 AV E  
City-State-Zip: MIAMI FL 33196

Title DIRECTOR  
Name SULAIMAN, MOHAMMED A  
Address 11699 SW 147 AVE  
City-State-Zip: MIAMI FL 33196

Title DIRECTOR  
Name SIDDIQUI, MOHAMMAD S  
Address 11699 SW 147 AVE  
City-State-Zip: MIAMI FL 33196

Title DIRECTOR  
Name ABDUL-AZIZ, OMAR I DR.  
Address 11699 SW 147 AVE  
City-State-Zip: MIAMI FL 33196

Title DIRECTOR  
Name IRSHAD, MUHAMMAD  
Address 11699 SW 147 AVE  
City-State-Zip: MIAMI FL 33196