

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F99000003647**

1. Entity Name

GLOBE EXPRESS INC.**FILED**
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90450 021 ***150.00

Principal Place of Business

Mailing Address

**4309 CLOUDMONT DRIVE
HOLLYWOOD SC 29449****4309 CLOUDMONT DRIVE
HOLLYWOOD SC 34746-5517****ADU00000**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2955 Vineland Road**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Kissimmee FL

4. FEI Number

57-1045936

Applied For

Not Applicable

Zip

Country

Zip

Country

34746**US**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

NAGA, SHAMS**315 EAST ROBINSON STREET, SUITE 400
ORLANDO FL 32801**

Name

NAGA, SHAMS

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

2201 D Pontina Court

City

Kissimmee

FL

Zip Code

34741

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

Shams E. Naga**SHAMS E. NAGA****President****4/24/00**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PC	NAGA, SHAMS ELDIEN	4309 CLOUDMONT DRIVE	HOLLYWOOD SC 29449	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
VC	NAGA, HOSSAM ELDIEN	1700 NORTH WOODMERE DR. APT. 26	CHARLESTON SC 29407	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
V	MATAR, OMAR	3164 FOREST LAKES BLVD.	CHARLESTON SC 29414	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
T	ZABEN, FIRAS	1742 SAM RITTENBERG BLVD., APT. 4C	CHARLESTON SC 29407	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

OMAR MATAR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**4/24/00**

Date

407-787-0077

Daytime Phone #

X17