

FILED
Apr 21, 2002 8:00 am
Secretary of State

03-20-2002 90241 001 ***300.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 795000005279 ✓

1. Entity Name

ROSHNOOR, INC.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

24196

2. Principal Place of Business

16200 INDIAN TRACE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE FL

City & State

4. FEI Number

65-0602783

Applied For

Not Applicable

Zip

33326

Country

Zip

Country

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ABDUL MAJID MOOSA

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

16200 INDIAN TRACE

City

FT. LAUDERDALE

FL

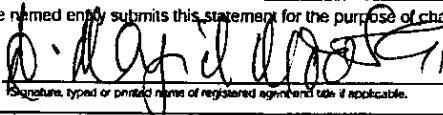
Zip Code

33326

DO NOT WRITE
IN THIS SPACE

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



ABDUL MAJID MOOSA

04/09/02

(Signature, typed or printed name of registered agent and date if applicable.)

(NOTE: Registered Agent signature required when re-stating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD	ABDUL MAJID MOOSA	TITLE	
NAME	16200 INDIAN TRACE	NAME	
STREET ADDRESS	FT. LAUDERDALE FL 33326	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE SD	IQBAL N. HEMANI	TITLE	
NAME	16200 INDIAN TRACE	NAME	
STREET ADDRESS	FT. LAUDERDALE FL 33326	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE TD	FAUZIA MOOSA	TITLE	
NAME	16200 INDIAN TRACE	NAME	
STREET ADDRESS	FT. LAUDERDALE FL 33326	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE DVS	ALMAS I. HEMANI	TITLE	
NAME	16200 INDIAN TRACE	NAME	
STREET ADDRESS	FT. LAUDERDALE FL 33326	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Iqbal N. Hemani IQBAL N. HEMANI

03-06-2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #