

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000027239

1. Entity Name

ROSE OVERNIGHT SERVICE EXPRESS CORPORATION

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90061 047 ***150.00

Principal Place of Business

4360 N.W. 107TH AVENUE
APT. 308
MIAMI FL 33178
US

Mailing Address

4360 N.W. 107TH AVENUE
APT. 308
MIAMI FL 33178
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0825720

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LATIF, MOHAMED MAQSSU
4360 N.W. 107TH AVENUE, APT. 308
MIAMI FL 33178

7. Name and Address of New Registered Agent

Name

~~MOHAMED MAQSSUD A. LATIF~~

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

9417 N.W. 54th DORAL CIRCLE LANE

City

MIAMI

FL

Zip Code

33178

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

03/13/01

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, 2001 Fee will be \$550.00
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 PS ☐ Delete
NAME ABDUL LATIF, MOHAMED M
STREET ADDRESS 4360 N.W. 107TH AVENUE, APT. 308
CITY-ST-ZIP MIAMI FL 33178

TITLE VP ☐ Delete
NAME LATIF, MOHAMED Y
STREET ADDRESS 4360 N.W. 107TH AVENUE, APT. 308
CITY-ST-ZIP MIAMI FL 33178

TITLE T ☐ Delete
NAME ANDUL LATIFO, MOHAMED A
STREET ADDRESS 4360 N.W. 107TH AVENUE, APT. 308
CITY-ST-ZIP MIAMI FL 33178

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT ☐ Change ☐ Addition
NAME MOHAMED MAQSSUD ABDUL LATIF
STREET ADDRESS 9417 N.W. 54th DORAL CIRCLE LANE
CITY-ST-ZIP MIAMI, FL 33178

TITLE VICE-PRESIDENT ☐ Change ☐ Addition
NAME MOHAMED YOUSUF LATIF
STREET ADDRESS 5417 N.W. 54th DORAL CIRCLE LANE
CITY-ST-ZIP MIAMI, FL 33178

TITLE SECRETARY ☐ Change ☐ Addition
NAME MOHAMED MAQSSUD ABDUL LATIF
STREET ADDRESS 9417 N.W. 54th DORAL CIRCLE LANE
CITY-ST-ZIP MIAMI, FL 33178

TITLE TREASURY ☐ Change ☐ Addition
NAME MAHOMED AMIN ABDUL LATIFO
STREET ADDRESS 9417 N.W. 54th DORAL CIRCLE LANE
CITY-ST-ZIP MIAMI, FL 33178

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MOHAMED MAQSSUD ABDUL LATIF

✓

03/19/01

Date

Daytime Phone #

(786)325-0136

CR2E034 (10/00)