

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90094 047 ***150.00

DOCUMENT # P98000027239

1. Entity Name

ROSE OVERNIGHT SERVICE EXPRESS CORPORATION

Principal Place of Business

Mailing Address

ROSE OVERNIGHT SERV
 2005 NW 70 AVE
 MIAMI, FL 33122

4360 NW 107TH AVENUE
 APT. 300
 MIAMI FL 33178
 US

2. Principal Place of Business

2005 N.W 70th AV

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 52-2903

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0825720

Applied For

Not Applicable

Zip

33122

Country

U.S.A

Zip

33152

Country

U.S.A

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

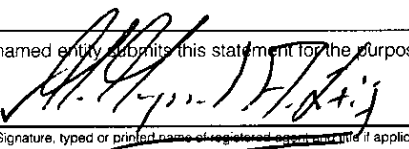
6. Name and Address of Current Registered Agent

LATIF, MOHAMED MAQSSU
9417 NW 54TH DORAL CIRCLE LANE
MIAMI FL 33178

7. Name and Address of New Registered Agent

Name **MOHAMED M. 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.

MOHAMED M. LATIF PRESIDENT

01-26-02

(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 (\$150.00)
After May 1, 2002 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	P	<input type="checkbox"/> Delete
NAME	ABDUL LATIF, MOHAMED M	
STREET ADDRESS	3417 NW 54TH DORAL CIRCLE LANE	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LATIF, MOHAMED Y	
STREET ADDRESS	5417 NW 54TH DORAL CIRCLE LANE	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	S	<input type="checkbox"/> Delete
NAME	ANDUL LATIFO, MOHAMED A	
STREET ADDRESS	5417 NW 54TH DORAL CIRCLE LANE	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	T	<input type="checkbox"/> Delete
NAME	LATISO, MOHAMED AMIN ABDUL	
STREET ADDRESS	5417 NW 54TH DORAL CIRCLE LANE	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOHAMED M. LATIF	
STREET ADDRESS	9417 N.W 54th DORAL CIRCLE LANE	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOHAMED Y. LATIF	
STREET ADDRESS	9417 N.W 54th DORAL CIRCLE LANE	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAHOMED A. LATIFO	
STREET ADDRESS	9417 N.W 54th DORAL CIRCLE LANE	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAHOMED A. LATIFO	
STREET ADDRESS	9417 N.W 54th DORAL CIRCLE LANE	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 M. LATIF

Date

01-26-02

Daytime Phone #

305-599-6525

CR2E034 (9/01)