

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90324 001 \*\*\*150.00

**DOCUMENT #** P98000098873  
**1. Entity Name**  
DAWOOD FARM'S, CORP

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**  
2005 P.W 70th AVENUE  
Suite, Apt. #, etc.

**3. Mailing Address**  
P.O. BOX 52-2903  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**  
MIAMI, FL

**City & State**  
MIAMI, FL

**4. FEI Number**  
65-0879383

**Applied For**  
☐ **\$8.75 Additional Fee Required**

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

**Zip** 33122 **Country** U.S.A **Zip** 33152 **Country** U.S.A

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

**Name**  
MOHAMED M. LATIF

**Street Address (P.O. Box Number is Not Acceptable)**  
9417 P.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** MOHAMED M. LATIF **MOHAMED M. LATIF PRESIDENT - 03-12-02**  
Signature, typed or printed name of registered agent, and date of signature. (NOTE: Registered Agent signature required when reinstating.)

**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 \$61.25**  
**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**  
PRESIDENT  
**NAME**  
MOHAMED M. LATIF  
**STREET ADDRESS**  
9417 P.W 54th DORAL CIRCLE LANE  
**CITY-ST-ZIP**  
MIAMI, FL 33178

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
SECRETARY  
**NAME**  
MOHAMED M. LATIF  
**STREET ADDRESS**  
9417 P.W 54th DORAL CIRCLE LANE  
**CITY-ST-ZIP**  
MIAMI, FL 33178

**TITLE**  
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**CITY-ST-ZIP**

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IN THIS SPACE**

**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:** MOHAMED M. LATIF **MOHAMED M. LATIF** **03-11-02** **(786) 325-0136**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)

ATTACH DOC# P98000098873

Rose Overnight Service  
PO Box 522903  
Miami FL 33152

3055996525

Request taken by: kwhited  
03-05-2002

The forms you recently requested from this office are:

(1) 201. COR Profit A/R

Should you have any questions or need any further information,  
please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314