PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H61086

Corporation Name

FILED Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90051 041 ***150.00

KHANUV	VALLA, INC.				•) (B. 1801) B. 1802 B. 1803 B. 1803 B. 1804 B.	8,8)) 8,8)) 8		81 8 11 131	
						1				#IS!! #	
Principal Plac	e of Business	Mailing Address									
1950 WILTON (WILTON MANO		1950 WILTON DR. WILTON MANORS FL 33305				DO NOT WRITE IN THI	S SPACE				
		•				1	Date Incorporated or Qualifed	0.7.02			
						"	06/06/1985				l
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied For					l
21	idoo oi paomoso	26				59-2627106	Not Applicable			l	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						\$8.7	5 Addi	tional	l.
22	السادات البيادات فالمعيوبية الأنوا	27				-5.	. Certificate of Status Desired .	Fee	Requir	ed	
City & Stat	te	City & State				6.	Election Campaign Financing	\$5.	00 ма	у Ве	l
23		28				_	Trust Fund Contribution	Add	ed to F	ees	
Zip	Country	Zip		intry		8.	This corporation owes the current year li		A	,	
24	25	29	30	_		<u> </u>	Personal Property Tax.	Yes	_4	No	l
<u></u>	9. Name and Address of Curren	t Registered Agent		81	News	10.	Name and Address of New Registerer	Agent			ı
KHY	NDWALLA, MARIAM			61	Name						l
	I NE 4 AVENUE			82	Street Addre	ess (F	P.O. Box Number is Not Acceptable)				l
	LAUDERDALE FL 33334			83							
, , ,	ENDBERDALL I E 30004			03			•				ĺ
				84	City	-	F	85	Zip Cod	e	
	60	0 - 1 CO7 4 CO0 Florido Ctob	A= 4b= =	<u> </u>		ratio	n submits this statement for the purpose of	f changing	ı its rec	ietered	ĺ
office or r	registered agent or both in the State :	of Florida. Such change was a	authonze	d by t	the corporatio	n's b	oard of directors. I hereby accept the app	ointment a	s regist	ered	ĺ
agent.la	m familiar with, and accept the obligation	tions of, Section 607.0505, Fl	orida Stat	tutes.			•				1
SIGNATURE		ALON CARRESTS (MOT	C. Danistana	1 4 00001	signature required	umon i	reinstating) DATE				_
12.	Signature, typed or printed name of registered agen	D DIRECTORS	13.	Agent	signature required		ADDITIONS/CHANGES TO OFFICERS A	ND DIREC	TORS	IN 12	Ş
TITLE	ST	☐ DELETE	1.1 Ti	TLE				☐ Char		Addition	3
NAME	GAFFAR NIGHAT		1.2 NAME								;
STREET ADDRESS	4631 NE 4 AVENUE		1.3 STREET ADDRESS							Ì	
CITY-ST-ZIP	FT. LAUDERDALE FL 33334		1.4 C	ITY-ST	-ZiP						2
TITLE	P	☐ DELETE	2.1 T					☐ Char	ge (Addition	9
NAME	KHANDWALLA, MARIAM		2.2 N	AME							1
STREET ADDRESS	4004 14 4 41 44				ADDRESS						1
CITY-ST-ZIP	FT. LAUDERDALE FL 33334		2.40	วทร.รา	T- ZIP					· - · - ·	
TITLE	VP	. DELETE	3.1 T	ITLE			•	☐ Char	ge	Addition	l
NAME	GAFFAR, ABDUL		3.2 N	IAME						'	ĺ
STREET ADDRESS	4631 N.E. 4TH AVE.										ĺ
CITY-ST-ZIP			3.3 S	TREET	ADDRESS					<u></u>	ł
TITLE	FT. LAUDERDALE 33334			TREET							1
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	FT. LAUDERDALE 33334	☐ DELETE	3.4. C	CITY-SI				Char	nge	Addition	
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14. 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 annual report or supplemental annual 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 12 or Block 13 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

3/23/19

954-566-5735

Daytime Phone i