

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

03-27-2003 90065 015 ***158.75

DOCUMENT # P02000103049

1. Entity Name

MARVAN INVESTMENT GROUP, INC.



Principal Place of Business
18344 NW 7TH AVENUE
MIAMI FL 33169

Mailing Address
18344 NW 7TH AVENUE
MIAMI FL 33169

2. Principal Place of Business

3. Mailing Address **9345 CHELSEA DRIVE SOUTH**
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Plantation FL

Zip

Country

Zip

33324

Country

4. FEI Number

90-0047796

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MARVASTI, ALI
18344 NW 7TH AVENUE
MIAMI FL 33169

7. Name and Address of New Registered Agent

Name: **ALI-MARVASTI**
Street Address (P.O. Box Number is Not Acceptable)
9345 CHELSEA DRIVE SOUTH
City **Plantation** FL Zip Code **33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **MARVASTI, ALI**
STREET ADDRESS **10850 S W 42ND PLACE**
CITY-ST-ZIP **DAVIE FL 33328**

TITLE **D** ☐ Delete
NAME **TIAN VAN, SHIRELLE**
STREET ADDRESS **9345 CHELSEA DRIVE SOUTH**
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **ALI-MARVASTI**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-2003(954)270-1500
Date Daytime Phone

CR2E034 (10/02)