

AMENDED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 AUG 29 PM 4:38

DOCUMENT # P02000133583

1. Entity Name
TRAVEL EXPRESS INVESTMENT, INC.



Principal Place of Business
407 CENTER POINTE CIRCLE
STE 1637
ALTAMONTE SPRINGS, FL 32701

Mailing Address
407 CENTER POINTE CIRCLE
STE 1637
ALTAMONTE SPRINGS, FL 32701

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
20-0045435

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CALANDRINO, PHILLIP K PA
29 E PINE STREET
ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 filer (applicant)

(NOTE: Registered Agent signature should be obtained when submitting)

DATE

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP ☒ Delete
NAME RAJAN, ARIF
STREET ADDRESS 407 CENTER POINTE CIR STE 1637
CITY-STATE-ZIP ALTAMONTE SPRINGS, FL 32701

TITLE VP ☐ Delete
NAME RAJAN, GULZAR
STREET ADDRESS 407 CENTER POINTE CIR STE 1637
CITY-STATE-ZIP ALTAMONTE SPRINGS, FL 32701

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.

TITLE D/P ☐ Change ☒ Addition
NAME HEMANI, KARIM
STREET ADDRESS 407 CENTER POINTE CIRCLE, STE 1637
CITY-STATE-ZIP ALTAMONTE SPRINGS, FL 32701

TITLE D/V/S/T ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 907, 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: Karim Hemani KARIM HEMANI, PRES. ☒ 8/26/03 ☒

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Original Filing Fee

CPRE034 (10/02)