

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 15, 2000 8:00 am**  
**Secretary of State**

02-15-2000 90003 022 \*\*\*158.75

**DOCUMENT # P93000059607**

1. Entity Name  
**4099 INVESTMENT, INC.**

Principal Place of Business

**5501 SW 4TH ST  
PLANTATION FL 33324**

Mailing Address

**1133 S UNIVERSITY DR  
STE 202  
PLANTATION FL 33324-3303  
US**

2. Principal Place of Business

**1133 S. University Dr.**

3. Mailing Address

Suite, Apt. #, etc.

**# 202**

City & State

**Plantation, Fl.**

Zip

**33324**

Country

**U.S.A.**

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DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0451514** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAHSHEH, WAEI  
1481 NW 100TH WAY  
PLANTATION FL 33322**

Name

**DAHSHEH, WAEI**

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

**1681 NW 100th Way**

**Plantation**

City

**FL**

Zip Code

**33322**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

VPST DAHSHEH, WAEI 1681 NW 100 WAY PLANTATION FL 33322	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Date

Daytime Phone #

CR2E034 (9/99)