## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # **P94000045380**

1. Corporation Name

T AND V INVESTMENT CORP.

Principal Place of Business Mailing Address					f (489/40)) tid tätti annt anti anti anti anti anti anti a	
8128 WILES ROAD CORAL SPRINGS FL 33067 8128 WILES ROAD CORAL SPRINGS FL 33067						
	•				DO NOT WRITE IN THIS SPACE	
					3. Date incorporated or Qualifed 06/17/1994	
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number Applied For	
21	داند درستسیمیترسد	26				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		,	5. Certificate of Status Desired   \$8.75 Additional Fee Required	
City & Stat	te	City & State			6. Election Campaign Financing \$5.00 May Be	
23	7 :	28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country		8. This corporation owes the current year Intangible	
24	25	29 30	ס		Personal Property Tax. ☐ Yes ☐ No	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered Agent	
SHIF	RAJEE, KHAIRUL A		81	Name		
9467 BOCA COVE CIR.; # 807			82	Street Add	ress (P.O. Box Number is Not Acceptable)	
BOCA RATON FL 33428						
				83		
			84	City	FL 85 Zip Code	
office or	to the provisions of Sections 607.05 registered agent, or both, in the Stat am familiar with, and accept the oblig	e of Florida. Such change was auth ations of, Section 607.0505, Florida	orized by a Statutes	tne corporati	poration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered	
	Signature, typed or printed name of registered ag			t signature require	ed when reinstating) DATE	
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE TO	PTD	☐ DELETE	1.1 TITLE			
NAME	SHIRAJEE, KHAIRUL A	_	1.2 NAME		,	
STREET ADDRESS		′	1.3 STREET			
CITY-ST-ZIP	BOCA RATON FL 33428	O per ext	1.4 CITY-ST	T-ZIP	☐ Change ☐ Addition	
TITLE	VSD	☐ DELETE	2.1 TITLE		Grange Addition	
NAME	SULTANA, SHARMIN	_	2.2 NAME			
STREET ADDRESS		′	2.3 STREET			
CITY-ST-ZIP	BOCA RATON FL 33428	☐ DELETE	2.4 CITY-S	T-ZIP	☐ Change ☐ Addition	
TITLE			3.1 TITLE		_ Shallige Addition	
NAME		استحصيحت بالالمانيي	3.2 NAME		يست تستند تستند مسيون المستنفين المستنفين المستنفين المستنف المستنف المستنف المستنفين المستفين المستنفين المستنفين المستنفين المستنفين المستنفين المستنفين ا	
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CITY-ST-ZIP		☐ DELETE	3,4, CITY-S 4.1 TITLE	T-ZIP	☐ Change ☐ Addition	
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NAME	<u> </u>	ا	4.2 NAME			
STREET ADDRESS	· ·	A THE STATE OF THE	4.3 STREET			
CITY-ST-ZIP *		□ DELETE	4.4 CITY-S	T-ZIP	. ☐ Change · ☐ Addition	
TITLE	Í	T) nerese	5.1 TITLE 5.2 NAME		, ☐ Change ☐ Addition	
NAME	1 '		A'T I MANUE	1	· · · · · · · · · · · · · · · · · · ·	

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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

STREET ADDRESS

CITY-ST-ZIP #

STREET ADDRES

CITY-ST-ZIP

TITLE'

NAME

☐ DELETE

(954) 345-0049

☐ Change

May 01, 1999 8:00 am Secretary of State

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☐ Addition