2001 UNIFORM BUSINESS REPORT (UBR)

Mar 02, 2001 8:00 am DOCUMENT # P97000019910 **Secretary of State** 1. Entity Name TANVI INVESTMENTS, INC. 03-02-2001 90081 017 ***150.00 Principal Place of Business Mailing Address 2201 NORTH FEDERAL HWY 2201 NORTH FEDERAL HWY C/O DILIP PATEL C/O DILIP PATEL FORT LAUDERDALE FL 33305 FORT LAUDERDALE FL 33305 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0741777 Not Applicable Zip Country Country Zip **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PATEL, DILIP Street Address (P.O. Box Number is Not Acceptable) 2201 NORTH FEDERAL HWY FORT LAUDERDALE FL 33305 City Zip Code F 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) TITLE TITLE Change Addition ☐ Defete NAME PATEL, DILIP NAME STREET ADDRESS 2201 NORTH FEDERAL HWY STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33305 CITY-ST-7IP TITLE Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Addition Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P

13. I hereby certify that the information supplied with this filling 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 TYPEU OR EMINTED NAME OF SIGNING OFFICER OR DIRECTOR

131/01 954-564-9636

FILED