

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000066773

1. Entity Name

TRI-WORLD INVESTMENTS, INC.

FILED

Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90175 050 ***150.00

Principal Place of Business

2921 FEDERAL HIGHWAY
BOYNTON BEACH FL 33435

Mailing Address

2921 FEDERAL HIGHWAY
BOYNTON BEACH FL 33435-7744

2. Principal Place of Business

FLORIDA

3. Mailing Address

AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0771146

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FATTAH, ATIF SIDDIQU
2921 FEDERAL HIGHWAY
BOYNTON BEACH FL 33435

7. Name and Address of New Registered Agent

Name

SIDDIQU, FOZAN

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

2921 S. FEDERAL Hwy

BOYNTON BEACH

City

FL

Zip Code

33435

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

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

11. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	FATTAH, ATIF SIDDIQU	
STREET ADDRESS	2921 FEDERAL HIGHWAY	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	SIDDIQU, FOZAN	
STREET ADDRESS	2921 FEDERAL HIGHWAY	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (9/99)

561-738-0078