

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000042856

1. Entity Name

CREDIT AND INVESTMENT CORPORATION

FILED

May 18, 2000 8:00 am  
Secretary of State

05-18-2000 90349 026 \*\*\*158.75

Principal Place of Business

Mailing Address

12149 DICKENSON LANE  
ORLANDO FL 32821

12149 DICKENSON LANE  
ORLANDO FL 32821

2. Principal Place of Business

12149 DICKENSON LANE

Suite, Apt. #, etc.

3. Mailing Address

12149 DICKENSON LANE

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

4. FEI Number

65-0833710

Applied For

Not Applicable

Zip

32821

Country

USA

Zip

32821

Country

USA

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

ANWER, SHAHZAD  
12149 DICKENSON LANE  
ORLANDO FL 33821

Name

N/A

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.

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 P  
NAME KHAN, MOHAMMED  
STREET ADDRESS 8530 WILSHIRE BLVD. #404  
CITY-ST-ZIP BEVERLY HILLS CA 90211

☐ Delete

TITLE CD  
NAME MEHDI, NAJMA  
STREET ADDRESS 2816 PEACOCK RIDGE DR #204  
CITY-ST-ZIP PALOS VERDES CA 90275

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE CFO  
NAME MARGRIT ARAKELOGLU  
STREET ADDRESS 8530 WILSHIRE BLVD, #404  
CITY-ST-ZIP BEVERLY HILLS, CA 90211

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MOHAMMED KHAN, PRESIDENT

4/29/00

Date

310-213-9987

Daytime Phone #

CR2E034 (9/99)