FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## May 15, 2001 8:00 am Secretary of State **DOCUMENT # F17007** 1. Entity Name VIRA-TECH, INC. 05-15-2001 90014 025 \*\*\*150.00 Principal Place of Business Mailing Address 865 SW 78TH AVENUE 865 S W 78TH AVENUE STE 100 STE 100 PLANTATION FL 33324 PLANTATION FL 33324 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2101667 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HEALEY, DENNIS W Street Address (P.O. Box Number is Not Acceptable) 865 SW 78TH AVENUE, STE 100 PLANTATION FL 33324 City 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 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Addition ☐ Delete TITLE TITI F HEALEY, DENNIS W NAME NAME STREET ADDRESS STREET ADDRESS 865 \$ W 78TH AVENUE, STE 100 CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33324 ☐ Delete TITLE ☐ Addition TITLE NAME FISCHBEIN, PETER NAME STREET ADDRESS STREET ADDRESS 865 SW 78TH AVENUE, STE 100 CITY-ST-ZIP PLANTATION FL 33324 CITY-ST-ZIP ☐ Change ☐ Addition TITI F ☐ Delete TITLE SMITH, GERALD NAME NAME STREET ADDRESS 865 SW 78TH AVENUE, STE 100 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33324 ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 all other like empowered.