2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 10, 2002 8:00 am Secretary of State F17007 DOCUMENT # 1. Entity Name 05-10-2002 90062 031 ***150.00 VIRA-TECH, INC. 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 4. FEI Number Applied For 59-2101667 Not Applicable Zip Country Zip Country \$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 HEALEY, DENNIS W Street Address (P.O. Box Number is Not Acceptable) 865 SW 78TH AVENUE, STE 100 PLANTATION FL 33324 City Zip Code Fl 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **TDSV** TITLE ☐ Delete TITLE Change Addition NAME HEALEY, DENNIS W NAME STREET ADDRESS 865 S W 78TH AVENUE, STE 100 STREET ADDRESS CITY-ST-7IP PLANTATION FL 33324 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME FISCHBEIN, PETER NAME STREET ADDRESS 865 SW 78TH AVENUE, STE 100 STREET ADDRESS CITY-ST-ZIP **PLANTATION FL 33324** CITY-ST-ZIP ·CP+----- ---- ----- ----- ----- Delete---TITLE Addition المناسب Change من المناسب NAME SMITH, GERALD STREET ADDRESS 865 SW 78TH AVENUE, STE 100 STREET ADDRESS CITY-ST-ZIP **PLANTATION FL 33324** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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DENNIS W. HEALEY SIGNING OFFICER OR DIRECTOR

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 changed, or on an authorized with an address, with all other like empowered.

like empowered