

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G83085

1. Entity Name  
VIJAY'S OF TAMPA, INC.

**FILED**  
**Jan 26, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90007 003 \*\*\*150.00

Principal Place of Business: 10924 NEBRASKA AVENUE  
TAMPA FL 33612

Mailing Address: 10924 NEBRASKA AVENUE  
TAMPA FL 33612



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2384025

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEINSTEIN, IRA ESQUIRE  
2021 E 7TH AVE  
TAMPA FL 33605

7. Name and Address of New Registered Agent

Name: Roger Rigan  
Street Address (P.O. Box Number is Not Acceptable): 200 W Martin Luther King  
City: Tampa FL Zip Code: 33601

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: Roger Rigan (Signature, typed or printed name of registered agent and title if applicable) DATE: 1-1-01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURNS, BETTY JO 11101 ELBOW DR TAMPA FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Betty Jo Burns (Signature and typed or printed name of signing officer or director) DATE: 1-7-01 DAYTIME PHONE #: 813 991 5594

CR2E034 (10/00)