

FROM: BCOB

FAX NO. : 6039260715

Mar. 13 2002 03:23PM P2

2002 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED

02 APR 22 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M 59852**
1. Entity Name **VAC Realty**

7000005492947--9
-05/09/02--01002--009
******150.00 ****150.00**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **VAC REALTY INC** 3. Mailing Address **VAC REALTY INC**
Succ. Apt. #, etc. **2348 PINELAND AVE** Succ. Apt. #, etc. **160 TURNPIKE RD**
City & State **NAPLES, FL** City & State **CHELMSFORD, MA**
Zip **33962** Country **USA** Zip **01824** Country **US**

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4. FEI Number **65-0026383** Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent
Name **GUALARIO JAMES CPA**
Street Address (P.O. Box Number is Not Acceptable) **820 ANCHOR ROAD DR**
City **NAPLES** FL Zip Code **34103**

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 _____ Date _____
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ **January 1 - May 1 Fee is \$100.00**
10. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT VAIBHAV C KHASGIWALA 10 RUTGERS RD ANDOVER MA 01810	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT CHNDRA K. KHASGIWALA 160 TURNPIKE RD, CHELMSFORD MA 01824
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary/Director CHANDRA K KHASGIWALA 160 Turnpike Rd, Chelmsford MA 01824	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRESIDENT VAIBHAV C KHASGIWALA 160 Turnpike Rd CHELMSFORD MA 01824
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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 on an attachment with an address, with all other then empowered.

SIGNATURE: **V. Khasgiwala** **3/13/2002** **PRESIDENT/Secretary**