

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000072194

1. Entity Name

V.S.V. ENTERPRISES INC.

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90066 035 \*\*\*150.00

Principal Place of Business

610 4 STREET NORTH  
ST PETERSBURG FL 33701

Mailing Address

610 4 STREET NORTH  
ST PETERSBURG FL 33701

2. Principal Place of Business

610 4th St. North

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

St. PETERSBURG, FL

City & State

SAME

Zip

33701

Country

Pinellas

Zip

Country

4. FEI Number

59-365-8946

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

PERSAD, CARL S  
2801 LA CONCH DR  
CLEARWATER FL 33762

7. Name and Address of New Registered Agent

Name

PERSAD, CARL S.

Street Address (P.O. Box Number is Not Acceptable)

610 4th STREET North

St. PETERSBURG, FL 33701

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, 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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PERSAD, CARL S	
STREET ADDRESS	2801 LA CONCHA DR	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PERSAD, SHAMDAI	
STREET ADDRESS	2801 LA CONCHA DR	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARL S. PERSAD	
STREET ADDRESS	610 4th St. North	
CITY-ST-ZIP	St. Petersburg - FL 33701	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAMDAI PERSAD	
STREET ADDRESS	610 4th St. North	
CITY-ST-ZIP	St. Petersburg, FL 33701	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARL S. PERSAD

Date

Daytime Phone #

4/19/01 727-822-7072

CR2E034 (10/00)