

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90031 019 ***150.00

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DOCUMENT # P00000072194

1. Entity Name

V.S.V. ENTERPRISES INC.

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

610 4th street North

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SAINT PETERSBURG, FL

Zip
33701

Country

Pinellas

City & State

St. Petersburg, FL

Zip
33701

Country

Pinellas

4. FEI Number

59-3658946

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

610 4TH ST NORTH

SAINT PETERSBURG FL 33701

7. Name and Address of New Registered Agent

Name

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

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, 2002 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** ☐ Delete
 NAME **PERSAD, CARL S**
 STREET ADDRESS **610 4TH ST N**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33701**

TITLE **D** ☐ Delete
 NAME **PERSAD, SHAMDAI**
 STREET ADDRESS **610 4TH ST N**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33701**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **T** ☐ Change ☒ Addition
 NAME **GANESH VICKRAM PERSAD**
 STREET ADDRESS **610 4th St. North**
 CITY-ST-ZIP **St. Petersburg, FL 33701**

TITLE **S** ☐ Change ☒ Addition
 NAME **KAMINE VIDAWATEE PERSAD**
 STREET ADDRESS **610 4th St. North**
 CITY-ST-ZIP **St. Petersburg, FL 33701**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Carl S. Persad **Carl Sookran Persad (D)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/31/02 727-459-8286

CP2E034 (9/01)