

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 06, 2001 8:00 am**  
**Secretary of State**

09-06-2001 90274 034 \*\*\*150.00

**DOCUMENT # P00000099441**

1. Entity Name  
**SV100 DESIGNS, INC.**

Principal Place of Business  
**1018 NW 123 DRIVE  
 CORAL SPRINGS FL 33071**

Mailing Address  
**1018 NW 123 DRIVE  
 CORAL SPRINGS FL 33071**



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

**65-1063730**

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

7. Name and Address of New Registered Agent

**VIRDEE, SANITA  
 1018 NW 123 DRIVE  
 CORAL SPRINGS FL 33071**

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

*Virdee*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**8/29/01**

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 \$550.00  
 After September 12, 2001 Fee will be \$750.00  
 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 ☐ Delete  
 NAME **D**  
 STREET ADDRESS **VIRDEE, SANITA**  
 CITY-ST-ZIP **1018 NW 123 DRIVE  
 CORAL SPRINGS FL 33071**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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 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 REQUIRED**

**8/29/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)

Attachment

A0084117

Doc. # P000000099441

SV100 Designs  
1018 NW 123 Drive  
Coral Springs, FL 33071

August 29, 2001

Florida-Department of State  
DIVISION OF CORPORATIONS  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Dear Sir/Madam:

I would like to explain to you that this is the first year of my business. I did not receive the first request of payment for the registration fee in January. I was unaware that this payment was due. Considering the circumstances I would be grateful if you could honor the regular registration fee for my business. I promise in the future to pay the registration fee on time.

Please find enclosed my check in the amount of \$150.00. If there is any problem with my request, please let me know as soon as possible.

Sincerely,

*Sanita Virdee*

Sanita Virdee