

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

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90433 025 ***150.00

DOCUMENT # PO1000067534

1. Entity Name

V. R. B. AUTOMOTIVE, INC ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7444 LEM TURNER RD.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

4. FEI Number

59-3728932

Applied For

Not Applicable

Zip

32209

Country

FL

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

B.D. STEWART

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

8031 EBERSOL RD.

City

JACKSONVILLE

FL

Zip Code

32216

**DO NOT WRITE
IN THIS SPACE**

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

B.D. STEWART

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	<u>P</u> <u>VIPUL PATEL</u> <u>7444 LEM TURNER RD.</u> <u>JACKSONVILLE, FL 32209</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VP</u> <u>BHAVESH PATEL</u> <u>586 TIMBER TRACE CT.</u> <u>ORANGE PARK, FL 32073</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>S/T</u> <u>DINESH PATEL</u> <u>2919 CRANES LANDING CT.</u> <u>ORANGE PARK, FL 32073</u>
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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 like empowered.

SIGNATURE:

VIPUL PATEL

VIPUL PATEL

4/30/02

904-766-0808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)