

2002 UNIFORM BUSINESS REPORT (UBR)

0076714 AV

DOCUMENT # P92000000621

1. Entity Name
T R V CONSULTING, INC

FILED

02 JUL 30 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3782 OLD LIGHTHOUSE CIR
WELLINGTON FL 33414
US

Mailing Address

3782 OLD LIGHTHOUSE CIR
WELLINGTON FL 33414
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3782 OLD LIGHTHOUSE CIR
WELLINGTON FL 33414

3. Mailing Address

same

Suite, Apt., #, etc.

same

Suite, Apt., #, etc.

City & State

Wellington

City & State

WPCCH, FL

Zip

33414

Country

USA

Zip

USA

Country

4. FEI Number 65-0364539

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VICINANZA, TAMI R
3782 OLD LIGHTHOUSE CIR
WELLINGTON FL 33414

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 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

TITLE P
NAME VICINANZA, TAMI R
STREET ADDRESS 3782 OLD LIGHTHOUSE CIR
CITY-ST-ZIP WELLINGTON FL 33414 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
600006918286-7
-08/06/02--01051--018
****150.00 ****150.00

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

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

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

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

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

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

7/25/02

5623330170

CR2034 (4/02)



Attachment
PATIENT NOTE PAD

#12000000621

Patient: _____

Room #: FEL 123

Doctor: 65-03664539

Consults: TRV. Consulting Incc.

: 561 3330170 Specialty: _____

: _____ Specialty: _____

: _____ Specialty: _____

: _____ Specialty: _____

Diet: _____

Questions For The Doctor: To whom it may concern,

: I have been in and out of the hosp

: ital for 14mths. please forgive

: my tardiness. I can provide letters

: & affidavits to support this.

: Thank you

: Cam Ravi Veng

Comments: _____