

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000067560

1. Entity Name
CCH VIRGINIA I, INC.



Principal Place of Business
4243 NORTHLAKE BLVD SUITE D
PALM BEACH GDNS, FL 33410

Mailing Address
4243 NORTHLAKE BLVD SUITE D
PALM BEACH GDNS, FL 33410

FILED
04 FEB -6 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01212004 No Chg-P CR2E034 (10/03)

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4. FEI Number
65-0603886

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BAROT, DILIP
4243 NORTHLAKE BLVD SUITE D
PALM BEACH GDNS, FL 33410

BK

**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. 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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

200029314572
02/24/04--01049--023 **158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP WEIR, JOHN F 4243-D NORTHLAKE BLVD. PALM BEACH GARDENS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDP BAROT, DILIP 4243-D NORTHLAKE BLVD. PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KAKKAR, YASHPAL 4243-D NORTHLAKE BLVD PALM BEACH GARDENS, FL 33410
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Yash Pal Kakkar, Secretary

1/31/04

(561) 627-7988

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #