## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 19, 2001 8:00 am Secretary of State DOCUMENT # P95000087835 1. Entity Name VIRK ENTERPRISE, INC. 04-07-2001 90013 035 \*\*\*150.00 Principal Place of Business Mailing Address 2401 S ORANGE BLOSSOM TR 2268 CATBRIAR AWY OALANDO FL 32805 OVIEDO FL 32765 HS 2. Principal Place of Business 3. Mailing Address 7211 GARDNER Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3346671 WINTER Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ivirk, sukhwinder s Street Address (P.O. Box Number is Not Acceptable) 2268 CATBRIAR WAY OVIEDO FL 32765 City 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. SUKHWINDER SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filling requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PRESIDENT Change ☐ Addition CR2E034 (10/00) Delete TITLE SUKHWINDERS.VIRK VIRK, SUKHWINDER S NAME NAME 2268 CATBRIAR WAY STREET ADDRESS STREET ADDRESS 937 VINERIDGE RUN, APT. 101 OVIEDO, FL 32765 CITY-ST-ZIP CITY-ST-7IP ALTAMONTE SPRINGS FL 32714 VIRK SUKHWINDERS. Change Addition ☐ Delete TITLE NAME NAME ERIBRIAR WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition ☐ Delete TITLE TITLE NAME MALIE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-712 CITY - ST- ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADORESS 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 path; 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 all other like empowered. SIGNATURE:

SUKHWINDER