

**2001 UNIFORM BUSINESS REPORT (UBR)**

1 OF 2 0606106

**DOCUMENT # P97000004921**

1. Entity Name  
**V & R RETIREMENT, INC.**

**FILED**  
**01 JAN -9 AM 11:13**  
**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**

Principal Place of Business <b>356 PRIMA VISTA BLVD PT ST LUCIE FL 34983</b>	Mailing Address <b>356 PRIMA VISTA BLVD PT ST LUCIE FL 34983</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0725564</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>LAL, RAJWANTIE 356 PRIMA VISTA BLVD PT ST LUCIE FL 34952</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_  
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.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>LAL, LALCHAND</b> <b>2210 SE CARNATION RD</b> <b>PORT ST LUCIE FL 34952</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

*\*\$150.00 on file from 2000 (Credit) Apply to 2001 KE 01/09/01*

**KE**

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: Rajwantie Lal **RAJWANTIE LAL** 1/1/01 561 878-8765  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

20F2

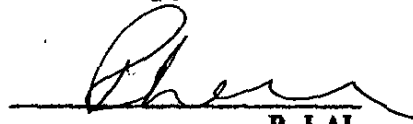
# **V & R RETIREMENT Inc.**

**DEPENDABLE AND RELIABLE CARE  
PHONE (561) 335-7986 OR (561) 878-8765**

**Att: Kristen Esico  
Division of Corporation**

**As of our conversation on Jan. 1, 2201, I am attaching this letter to ask you to please put my credit to pay for V & R Retirement Corporation fee for the year-2201. The FEI number is 6507255564 I am inclosing UBR form signed.**

**Thanking you in Advance**



**R. LAL  
President**