

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

DOCUMENT # **P970000004921**

1. Entity Name

FILED

02 MAR 20 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FL 32399

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

VER Retirement Inc

356 E PRIMA VISTA BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

356 E PRIMA VISTA BLVD

PORT

City & State

City & State

PORT ST LUCIE FL

PORT ST LUCIE FL

Zip

Country

Zip

Country

34983

USA

34983

USA

4. FEI Number

Applied For

65-0725564

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

VER Retirement Inc RASWANTIE LAL

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

356 E PRIMA VISTA BLVD

City

Port St Lucie

FL

Zip Code

34983

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

RASWANTIE LAL

PRESIDENT

3/13/02

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) ☐

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
RASWANTIE LAL (PRESIDENT)
2210 SE CARNATION RD
PORT ST LUCIE FL 34952

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
700005193307--8
-04/04/02--01073--015
******158.75 ****158.75**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
LALCHANDAL (VICE PRESIDENT)
2210 SE CARNATION RD
PORT ST LUCIE FL 34952

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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:

PRESIDENT

3/14/02 561-878-8765

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)