

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

DOCUMENT # P970000004921
1. Entity Name

FILED

02 MAR 20 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>V&R Retirement Inc</u>		3. Mailing Address <u>356 E PRIMA VISTA BLVD</u>	
Suite, Apt. #, etc. <u>356 E PRIMA VISTA BLVD</u>		Suite, Apt. #, etc. <u>POF</u>	
City & State <u>PORT ST LUCIE FL</u>		City & State <u>PORT ST LUCIE FL</u>	
Zip <u>34983</u>	Country <u>USA</u>	Zip <u>34983</u>	Country <u>USA</u>

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name V&R Retirement Inc RAJWANTIE LAL

Street Address (P.O. Box Number is Not Acceptable)
356 E PRIMA VISTA BLVD

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 RAJWANTIE LAL Rajwantie 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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--	--

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>RAJWANTIE LAL (PRESIDENT)</u> <u>2210 SE CARNATION RD</u> <u>PORT ST LUCIE FL 34952</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>700005193307--8</u> <u>-04/04/02--01073--015</u> <u>****158.75 ****158.75</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>LALCHANDRAJ (VICE PRESIDENT)</u> <u>2210 SE CARNATION RD</u> <u>PORT ST LUCIE FL 34952</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>TS</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E034B (12/01)

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: Rajwantie Lal PRESIDENT 3/14/02 561-878-8765
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #