

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90065 030 \*\*\*150.00

**DOCUMENT # P97000029223**

1. Entity Name  
**VIRBAP CORPORATION**

Principal Place of Business      Mailing Address  
**C/O KNIGHTS INN**      **C/O KNIGHTS INN X**  
**6545 RAMONA BLVD**      **6545 RAMONA BLVD**  
**JACKSONVILLE FL 32206**      **JACKSONVILLE FL 32205-4623**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**Budget Inn of Jax**      **Budget Inn of Jax**  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**6545 Ramona Blvd**      **6545 Ramona Blvd**  
City & State      City & State  
**Jacksonville FL**      **Jacksonville - FL**  
Zip      Country      Zip      Country  
**32205**      **Dowl**      **32205**      **Dowl**

4. FEI Number **59-3435488**      Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**PATEL, TRIBHUVAN**  
**6545 RAMONA BLVD**  
**JACKSONVILLE FL 32205**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      **FL**      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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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>PSTD</b> <b>PATEL, TRIBHUVAN</b> <b>6545 RAMONA BLVD</b> <b>JACKSONVILLE FL 32205</b> <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
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

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: *[Signature]*      **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**      **REQUIRED**

Date: 4/12/00      Daytime Phone #: 904-781-1940

CR2E034 (9/99)