

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 097000059852

1. Entity Name
Virtue Consulting Corporation

FILED
May 17, 2000 8:00 am
Secretary of State
 05-17-2000 90961 028 ***150.00

Principal Place of Business Mailing Address

7237 NW 62 Ter 7237 NW 62 Ter
 Parkland FL 33067 Parkland FL 33067

A0061144

2. Principal Place of Business 3. Mailing Address

7237 NW 62 Ter 7237 NW 62 Ter
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State Parkland FL City & State Parkland FL
 Zip 33067 Country USA Zip 33067 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0771937 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

Virtue, John
 7237 NW 62 Ter
 Parkland FL 33067

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 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) ☐

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 PTS Virtue John 7237 NW 62 Ter Parkland FL 33067	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  4/27/00 954 452-8777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)