

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000071688

1. Entity Name

RSK VERO, INC.

Principal Place of Business

8797 20TH STREET
VERO BEACH FL 32966

Mailing Address

8797 20TH STREET
VERO BEACH FL 32966-6958

2. Principal Place of Business

4410 CASEY LAKE ROAD

3. Mailing Address

4410 CASEY LAKE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

TAMPA FL

Zip

33624

Country

Zip

33624

Country

4. FEI Number

59-3465282

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PATEL, JAYESH D
185 90TH AVENUE
VERO BEACH FL 32966

7. Name and Address of New Registered Agent

Name

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

4410 CASEY LAKE ROAD

City

TAMPA

FL

Zip Code

33624

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

3/20/2000

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

TITLE PR
NAME PATEL, JAYESH
STREET ADDRESS 1985 90TH AVENUE
CITY-ST-ZIP VERO BEACH FL 32966

☐ Delete

TITLE VP
NAME PATEL, DILIP
STREET ADDRESS 8797 20TH STREET
CITY-ST-ZIP VERO BEACH FL 32966

☐ Delete

TITLE O
NAME PATEL, RAVI
STREET ADDRESS 4601 34TH STREET S.
CITY-ST-ZIP ST. PETERSBURG FL 32711

☐ Delete

TITLE O
NAME PATEL, ARVIN D
STREET ADDRESS 734 SOUTH DALE MABRY
CITY-ST-ZIP TAMPA FL 33609

☐ Delete

TITLE O
NAME PATEL, RAMESH
STREET ADDRESS 3314 S. DALE MABRY
CITY-ST-ZIP TAMPA FL 33609

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/2000 813-873-9885
Date Daytime Phone #

813-220-7108

CR2E034 (9/99)