

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90037 007 ***150.00

DOCUMENT # P97000071688

1. Entity Name

RSK VERO, INC.

Principal Place of Business

Mailing Address

**8797 20TH STREET
 VERO BEACH FL 32966**

**8797 20TH STREET
 VERO BEACH FL 32966-6958**

2. Principal Place of Business

3. Mailing Address

4410 CASEY LAKE ROAD

4410 CASEY LAKE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TAMPA FL

TAMPA FL

Zip

Country

Zip

Country

33624

33624

4. FEI Number

59-3465282

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

[Signature] (V.P.)

2/3/20/2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
PR	PATEL, JAYESH	1985 90TH AVENUE	VERO BEACH FL 32966	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VP	PATEL, DILIP	8797 20TH STREET	VERO BEACH FL 32966	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
O	PATEL, RAVI	4601 34TH STREET S.	ST. PETERSBURG FL 32711	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
O	PATEL, ARVIN D	734 SOUTH DALE MABRY	TAMPA FL 33609	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
O	PATEL, RAMESH	3314 S. DALE MABRY	TAMPA FL 33609	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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] (V.P.)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/2000

DATE

813-873-9885

DAYTIME PHONE #

813-220-7108

CR2E034 (9/99)