

2000-2002 **FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 998000031457  
1. Entity Name  
VIC RIC ENTERPRISE, INC.

FILED  
02 MAY 20 AM 10:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.  
4727 W. IRLO BRONSON HWY  
City & State  
KISSIMMEE FL.  
Zip  
34741  
Country  
USA

3. Mailing Address  
Suite, Apt. #, etc.  
1996 DERBY GLEN DR  
City & State  
ORLANDO FL.  
Zip  
32827  
Country  
USA

2000-2002 UBR

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IN THIS SPACE

4. FEI Number  
59-3500901  
Applied For  
Not Applicable

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

7. Name and Address of Current Registered Agent  
Name  
TEJINDER SINGH  
Street Address (P.O. Box Number is Not Acceptable)  
1996 DERBY GLEN DR  
City  
ORLANDO FL Zip Code  
32827

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 \_\_\_\_\_

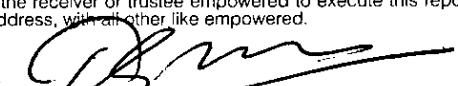
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
(See criteria on back)

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. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT TEJINDER SINGH 1996 DERBY GLEN DR ORLANDO 32837 32837	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	300805978533-4 -06/25/02--01046--033 ****450.00 ****450.00
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 05/17/2002 Daytime Phone #

CR2E034B (12/01)