2007-2001FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 998000031457

1. Entity Name

VIC RIC ENTERPRISE, INC.

O2 MAY 20 AM 10: 33
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE



Suite, Apt. 8, etc. 1914 BERRY CLEN DR 200 MRS 11892 US Applied for Not Assure Cly & State OR LANDO RL 273 7741 US R 20 SS STATE Country US R 20 SS STAT Country Street Indicate of Status Desired Country Indicate of Status Desired Countr	2. Principal Pl	lace of Busir	ness	3. Mailing Address	3. Mailing Address				
CON A State Co. A State Co	Suite, Apt.	#, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			CO -WED AT SSECTION	
ELISCITITIEE AL. ORLANDO AL. Sq. 3500901 Mort Applicable 20 32837 Curriry 33837 Curriry 32837 S. Certificate of Status Desired St. Certificate of Status Desired Name: TETILIDER SING H St. Certificate of Status Desired Agent Name: TETILIDER SING H St. Certificate of Status Desired Agent Name: TETILIDER SING H St. Certificate of Status Desired Agent Name: TETILIDER SING H St. Certificate of Status Desired Agent Name: TETILIDER SING H St. Certificate of Status Desired Agent Name: TETILIDER SING H St. Certificate of Status Desired Agent Name: TETILIDER SING H St. Certificate of Status Desired Agent Name: TETILIDER SING H St. Certificate of Status Desired Agent Name: TETILIDER SING H St. Certificate of Status Desired Agent Name: TETILIDER SING H Name: Status Desired Agent Name: TETILIDER SING H Name: Status Desired Agent Name: TETILIDER SING H Name: Status Desired Agent Name:	4737 W	IKLO!	BRONSON AUY	1996 DERBY	1996 DERBY CHEN DR			W The so.	
Name TEJINDER SINGH Name TEJINDER SINGH Name TEJINDER SINGH Stream Address (PO: Box Number is Not Acceptable) 1994 DERBY C-LEN DR City ORLANDO FL ZinCode 32837 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, fued or price none of registered agent and the dispositions. (BADTE Registered Agent signature required when remaining) 10. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 10. Election Campaign Financing Andred du Bits 18-31.25 Make Check Psyable to Department of State 11. OFFICERS AND DIRECTORS 11. OFFICER SINGH MAKE 11. OFFICERS OFFICERS AND DIRECTORS 11. OFFICERS OFFI SINGH MAKE 11. OFFI SINGH MAKE 12. OFFI SINGH MAKE 13. OFFI SINGH MAKE 14. OFFI SINGH MAKE 15. OFFI SINGH MAKE 15. OFFI SINGH MAKE 16. OFFI SINGH MAKE 17. OFFI SINGH MAKE 18. OFFI SINGH MAKE 18. OFFI SINGH MAKE 19. OF	KISSIH	HEE -	۱۲.				4, 7	59 - 3500901 Not Applicable	
Name TEJINDER SINGH Name TEJINDER SINGH Name TEJINDER SINGH Stream Address (PO: Box Number is Not Acceptable) 1994 DERBY C-LEN DR City ORLANDO FL ZinCode 32837 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, fued or price none of registered agent and the dispositions. (BADTE Registered Agent signature required when remaining) 10. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 10. Election Campaign Financing Andred du Bits 18-31.25 Make Check Psyable to Department of State 11. OFFICERS AND DIRECTORS 11. OFFICER SINGH MAKE 11. OFFICERS OFFICERS AND DIRECTORS 11. OFFICERS OFFI SINGH MAKE 11. OFFI SINGH MAKE 12. OFFI SINGH MAKE 13. OFFI SINGH MAKE 14. OFFI SINGH MAKE 15. OFFI SINGH MAKE 15. OFFI SINGH MAKE 16. OFFI SINGH MAKE 17. OFFI SINGH MAKE 18. OFFI SINGH MAKE 18. OFFI SINGH MAKE 19. OF	Zip 347	4/		32837			5. (
IN THIS SPACE IN THIS SPACE IN THIS SPACE IN THIS SPACE I 99 U DERBY C-LEN DR CITY OR LANDO FL 20,00000 S2837 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 19 This corporation is eligible to easiety its Intangible fax hing requirement and elects to do so									
IN THIS SPACE I 199U DERBY C-LEN DR City OR.LANDO FL Zig.Code 32.83.1 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 greature, types or permise name of inquired agent and bits if applicable. 9. This corporation is eligible to satisfy its Intrangible Tax filting requirement and objects to do so. 3. Anter May 1. Fee is \$150.00 Amended URR is \$61.25 Make to Department of State 11. OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. OFFICERS AND DIRECTORS 14. OFFICERS AND DIRECTORS 15. OFFICERS AND DIRECTORS 16. OFFICERS AND DIRECTORS 16. OFFICERS AND DIRECTORS 17. STATE AND DIRECTORS 18. DECEMBER AND DIRECTORS 18. DECEMBER AND DIRECTORS 19. DECEMBER AND DIRECTORS 10. DECEMBER AND DIRECTORS 10. DE							Name TEJINDER SINGH		
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: 9. This corporation is eligible to satisfy its intangible Tax fling requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. OFFICERS AND DIRECTORS 14. OFFICERS AND DIRECTORS 15. OFFICERS AND DIRECTORS 16. Election Campaign Financing 17. OFFICERS AND DIRECTORS 18. OFFICERS AND DIRECTORS 19. OFFICERS	DO-NOT-WRITE					Street Address (P.O. Box Number is Not Acceptable)			
SIGNATURE SIGNATURE Signature, hipsed or printed name of registered alpera and late of applicable. (b.OTE Registered Agent algorative incoursed when remaining) 9. This corporation is elligible to satisfy its Intangible Tax filting requirement and elects to do so.			N THIS S	PACE	ICE 1996 1		DER	BY G-LEN DR	
SIGNATURE SIGNATURE Signature, hipsed or printed name of registered alpera and late of applicable. (b.OTE Registered Agent algorative incoursed when remaining) 9. This corporation is elligible to satisfy its Intangible Tax filting requirement and elects to do so.					City ORLE		CAND.	FL Zip Code 32827	
SIGNATURE 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS ITILE ITIL									
Signature, speed or protect name of organized appert and trave of applications. (NOTE: Registrated Appert segments required when remarking) 9. This corporation is elligible to satisfy its Intangible Tax filing requirement and elects to do so. After May 1, Fee is \$150.00	•								
Signature, special private name of implemental agent and the ill application. (NOTE: Replaced Agent signature inclined when inertiating) 9. This corporation is elligible to satisfy its Initiangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 111. OFFICERS AND DIRECTORS 111. OFFICERS AND DIRECTORS 111. TEST JUN DER SUICH TOUR DER SUICH TOUR DER SUICH TOUR DER SUICH SIREET ADDRESS CITY-ST-2P 111. NAME SIREET ADDRESS CITY-ST-2P TITLE NAME SIREET ADDRESS CITY-ST-2P	SIGNATURE								
After May 1, Fee is \$550.00	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
TITLE	Tax filing re	equirement a	and elects to do so.	After Ma	After May 1, Fee is \$550.00 Amended UBR is \$61.25				
TET IN DER SINGH NAME STREET ADDRESS CITY-ST-ZIP DO NOT WRITE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST									
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREE	TITLE	PRESID	THI		TITL	Ē			
CITY-ST-ZIP	i					_			
TITLE	STREET ADDRESS	1996	DERBY GLEN-	DR 2-27					
NAME	CHY-SI-ZIP	DRLANG	20 391 31	3283/				3000059785334	
STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	i								
CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS						į.		****45月。1月 ****45月。1月	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS					1 .	I.,			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TITLE				TITL	E			
CITY-ST-ZIP TITLE NAME STREET ADDRESS					NAM	ε .			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	STREET ADDRESS							DO NOT WRITE	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	CITY-ST-ZIP				CITY	-ST-ZIP		DO NOT WINITE	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TITLE							IN THIS SPACE	
CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS						_		III TIIIO OT AGE	
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS						1	*,		
NAME STREET ADDRESS CITY-ST-ZIP CITYE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS				,					
STREET ADDRESS CITY-ST-ZIP CIT			•					9	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS						·]			
NAME STREET ADDRESS NAME STREET ADDRESS	-					1			
NAME STREET ADDRESS STREET ADDRESS	TITLE	-			TITL	E			
	1				NAM	E		*	
CITY-ST-ZIP CITY-ST-ZIP	STREET ADORESS								
to the standard for the standard standard standard for the expension standard in Section 110 07/3V(). Floridge Statutes, I further certify that the information	CITY-ST-ZIP				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 on an attachment with an address, with all other like empowered.

SIGNATURE: 1/2

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7 05/17/2002 Date Daytime Phone # R2E034B (12/01)