

2000 UNIFORM BUSINESS REPORT (UBR)

3

FILED

May 11, 2000 8:00 am
Secretary of State

03-30-2000 90057 033 ***150.00

DOCUMENT # P99000029157

1. Entity Name

NATIONAL VIATICAL TRUST, INC.

Principal Place of Business

8200 N.W. 74 AVE.
TAMARAC FL 33321

Mailing Address

8200 N.W. 74 AVE.
TAMARAC FL 33321-4857

2. Principal Place of Business

2700 W. Cypress Creek Rd
Suite, Apt. #, etc.
St A105

3. Mailing Address

Suite, Apt. #, etc.

City & State

FL AND FL
33309

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0905225

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TORCHIA, JAMES
8200 N.W. 74 AVE.
TAMARAC FL 33321

7. Name and Address of New Registered Agent

Name

JAMES TORCHIA

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

2700 W. Cypress Creek Road St A105
City FL AND FL 33309 FL Zip Code 33309

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

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | President JAMES TORCHIA 8200 NW 74th Ave TAMARAC FL 33321 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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

Date

Daytime Phone #

CR2E034 (9/99)