

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90012 039 ***150.00

DOCUMENT # P99000055437

1. Entity Name

RICVIC ENTERPRISES, INC.

Principal Place of Business

**1119 EAST COLONIAL DRIVE
 ORLANDO FL 32803**

Mailing Address

**3760 GRANTHAM CT
 ORLANDO FL 32835**
*1119 E. Colonial Dr
 Orlando, FL
 32803*

2. Principal Place of Business

3. Mailing Address

1119 E. Colonial Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando FL

4. FEI Number

59-3581982

Applied For

Not Applicable

Zip

Country

Zip

Country

32803

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MARTINEZ, H. LOUIS
 1640 LEE ROAD
 WINTER PARK FL 32789**

7. Name and Address of New Registered Agent

Name *Christopher Kozlowski*
 Street Address (P.O. Box Number is Not Acceptable)
640 N. Semoran Blvd
 City *Orlando* FL Zip Code *32807*

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

03/09/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 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 **PSTD**
 NAME **GARCIA, FRANCISCO A**
 STREET ADDRESS **2760 GRANTHAM CT**
 CITY-ST-ZIP **ORLANDO FL 32835**
Effective 3/11/02

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PT JAN SOYSAZ**
 NAME **1296 CROW WAY Apt 210**
 STREET ADDRESS **ORLANDO FL 32707**
Change

TITLE **VP R. K. Kalyan**
 NAME **180 MASTER BLVD**
 STREET ADDRESS **WINTER PARK FL 32782**
Addition

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

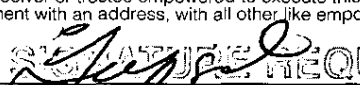
TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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

3/13/02 (407) 895-6400
 Date Daytime Phone #

CR2E034 (9/01)