

# ✓ 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000063847 ✓

1. Entity Name

VERICH, INC.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90191 005 \*\*\*150.00

Principal Place of Business

Mailing Address

201 PARK PLACE SUITE 207  
ALTAMONTE SPRINGS FL 32701

201 PARK PLACE SUITE 207  
ALTAMONTE SPRINGS FL 32701-3574

2. Principal Place of Business

3964 TOWN CENTER BLVD

3. Mailing Address

3964 TOWN CENTER BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ORLANDO FL 32837

City & State

ORLANDO FL

4. FEI Number

59-3587708

Applied For

Not Applicable

Zip

Country

32837

Zip

Country

32837

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PATEL, DIPAKKUMAR  
201 PARK PLACE SUITE 207  
ALTAMONTE SPRINGS FL 32701

Name

PATEL, DIPAKKUMAR

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

3964 TOWN CENTER BLVD

City

ORLANDO

FL

Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

01-13-2000

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 DPT ☐ Delete  
NAME PATEL, DIPAKKUMAR C  
STREET ADDRESS 3920 GOLF VILLAGE LOOP #2  
CITY-ST-ZIP LAKELAND FL 33809

TITLE ☒ Change ☐ Addition  
NAME 3964 TOWN CENTER BLVD  
STREET ADDRESS ORLANDO FL 32837  
CITY-ST-ZIP

TITLE SDV ☐ Delete  
NAME PATEL, CHAULA D  
STREET ADDRESS 3920 GOLF VILLAGE LOOP #2  
CITY-ST-ZIP LAKELAND FL 33809

TITLE ☒ Change ☐ Addition  
NAME 3964 TOWN CENTER BLVD  
STREET ADDRESS ORLANDO FL 32837  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-13-2000

Date

Daytime Phone #

CR2E034 (9/99)