

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V27400

1. Entity Name
V I R TRADING CORPORATION

FILED
Jul 18, 2000 8:00 am
Secretary of State

07-18-2000 90091 049 ***550.00

Principal Place of Business

Mailing Address

36 NE 1ST STREET
SUITE 1016
MIAMI FL 33132

36 NE 1ST STREET
SUITE 1016
MIAMI FL 33132

2. Principal Place of Business

3. Mailing Address

36 NE 1st Street

36 NE 1st Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1016

1016

City & State

City & State

Miami FL

Miami FL

Zip

Country

Zip

Country

33132

U.S.A

33132

U.S.A

4. FEI Number

65-0324143

Applied For

Not Applicable

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

KAPADIA, SUNIL
597 RACHET CLUB DRIVE
#70
WESTON FL 33326

Name

KAPADIA SUNIL

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

597 Racquet Club Rd. #70

City

Weston

FL

Zip Code

33326

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

Sunil N. Kapadia President

7/10/2000

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	D KAPADIA, SUNIL 597 RACHET CLUB DRIVE, #70 WESTON FL 33326	<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"/> 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
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 REQUIRED

Sunil N. Kapadia 7/10/2000 954-816-8616

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #