## 2001 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # V27400**

1. Entity Name

## V I R TRADING CORPORATION

Principal Place of Business

Mailing Address

36 NE 1ST STREET **SUITE 1016** 

36 NE 1ST STREET **SUITE 1016** MIAMI FL 33132

Suite, Apt. #, etc.

MIAMI FL 33132

3. Mailing Address 2. Principal Place of Business

6. Name and Address of Current Registered Agent

KAPADIA, SUNIL

WESTON FL 33326

597 RACHET CLUB DRIVE

Suite, Apt. #, etc.

City & State

#70

Zip

City & State

Country

Zip

Country

4. FEI Number

5. Certificate of Status Desired

7. Name and Address of New Registered Agent

65-0324143

Fee Required

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

DATE

May 15, 2001 8:00 am Secretary of State

05-15-2001 90139 045 \*\*\*150.00

UUUUUUUU

DO NOT WRITE IN THIS SPACE

Zip Code

\$8.75 Additional

Applied For

Not Applicable

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.

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, 2001 Fee will be \$550.00 Make Check Payable to Department of State

City

(NOTE: Registered Agent signature required when reinstating)

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition □ Delete Change TITLE NAME KAPADIA, SUNIL NAME STREET ADDRESS STREET ADDRESS 597 RACHET CLUB DRIVE, #70 CITY-ST-ZIP CITY-ST-ZIP WESTON FL 33326 ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IE Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 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

HARESH SANGANI, Accompant 04/28/2001