

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90219 028 ***150.00

0011509 AV

DOCUMENT # V38048

1. Entity Name
VIVEK OF JACKSONVILLE, INC.



Principal Place of Business
**11701 #28 SAN JOSE BLVD.
JACKSONVILLE FL 32223**

Mailing Address
**5228 OXFORD CREST DR.
JACKSONVILLE FL 32258**



2. Principal Place of Business
Raceway #955

Suite, Apt. #, etc.
5948 Arlington Exp.

City & State
Jax FL

Zip
32211

Country
USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number
59-3125579

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75. Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**PATEL, KIRAN M
5228 OXFORD CREST DR.
JACKSONVILLE FL 32258**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Kiran Patel
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
PATEL, KIRAN M
8257 #6 NORMANDY BLVD.
JACKSONVILLE FL 32221** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PATEL, KIRAN M
9645 WHITTINGTON DR
JACKSONVILLE FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kiran Patel **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/10/03 (904) 880-7391

Date

Daytime Phone #

CR2E034 (10/02)