

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V39283

1. Entity Name

VITEK, INC.

FILED
Feb 19, 2000 8:00 am
Secretary of State

02-19-2000 90011 028 ***150.00

Principal Place of Business

Mailing Address

720 E. FLETCHER AVENUE
SUITE 200
TAMPA FL 33612

PO BOX 4786
TAMPA FL 33677-4786
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3124768

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ECHEVARRIA, MARCELINO
2500 N. A STREET
TAMPA FL 33609

Name Marcelino Echevarria

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

2500 N. A St.

City Tampa

FL

Zip Code 33609

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)

1-4-00

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 \$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 DP
NAME ECHEVARRIA, MARCELINO
STREET ADDRESS 2500 N. A STREET
CITY-ST-ZIP TAMPA FL

☐ Delete

TITLE
NAME
STREET ADDRESS 2500 N. A street
CITY-ST-ZIP Tampa, FL 33609

☒ Change ☐ Addition

TITLE V
NAME CLOVIS, STEWART B.
STREET ADDRESS 720 E FLETCHER AVE STE 205
CITY-ST-ZIP TAMPA FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-4-00 813 873-9818