

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 761003

1. Entity Name

VICTORY GARDENS CONDOMINIUM ASSOCIATION, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90097 044 ****61.25

Principal Place of Business 650 NE 149 ST MIAMI FL 33161-2279	Mailing Address 650 NE 149 ST MIAMI FL 33161-2285
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2383837	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

TEMELCOVITCH, MARIA
 650, NE 149 STREET
 STE. 302A
 N MIAMI FL 33161

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DOMINGO VARGAS 7508 AVENTURA AVE MIAMI FL 33141 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RUBES, CAROL 650 N.E. 149 ST., #102A N. MIAMI FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELLMAN, DANIELLE 5045 S.W. 63 AVE. MIAMI FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUZ SOLANO 650 N.E. 149TH ST. 402A N. MIAMI FL 33161 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PENA, DRISTIAN 650 N.E. 149 ST., #505F N. MIAMI FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JIMENEZ, ROSELIO 650 NE 149TH ST, #505A N MIAMI FL 33161 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FLORES, VILMA 650 N.E. 149 ST #109A N MIAMI FL 33161 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SOLANO, OTTO 650 N.E. 149TH ST #402A N MIAMI FL 33161 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CUNNINGHAM, DOMICUS 650 N.E. 149 ST # 201A N MIAMI FL 33161 <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 617, 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: *MARIA TEMELCOVITCH* MARIA TEMELCOVITCH PRESIDENT 4-25-00 305-944-9968
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)