

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P93000046381

FILED
Apr 30, 2003
Secretary of State

Entity Name: VICTORY ENTERPRISE, INC.

Current Principal Place of Business:

501 BRICKELL KEY DR
STE 400
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

501 BRICKELL KEY DR
STE 400
MIAMI, FL 33131

New Mailing Address:

FEI Number: 65-0420771 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NS CORPORATE SERVICES INC.
501 BRICKELL KEY DR.
SUITE 400
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: DESOUZA, CARLOS P
Address: 9 ISLAND AVE UNIT 2303
City-St-Zip: MIAMI BEACH, FL 33139

Title: D () Delete
Name: PEREIRA, ELZA MARIA L
Address: 9 ISLAND AVE UNIT 2303
City-St-Zip: MIAMI BEACH, FL 33139

Title: VS () Delete
Name: DESOUZA, DANIEL PEREIRA
Address: 9 ISLAND AVENUE UNIT 2303
City-St-Zip: MIAMI BEACH, FL

Title: T () Delete
Name: FILHO, CARLOS DESOUZA
Address: 9 ISLAND AVENUE UNIT 2303
City-St-Zip: MIAMI BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOS P DE SOUZA

D

04/30/2003

Electronic Signature of Signing Officer or Director

_____ Date