

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90111 036 ***150.00

628665

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P97000060682**

1. Entity Name

VICTORY DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

126 S Federal Highway

3. Mailing Address

126 S. Federal Highway

Suite, Apt. #, etc.

Suite 204

Suite, Apt. #, etc.

Suite 204

City & State

DANIA BEACH

City & State

DANIA BEACH

Zip

33004

Country

Broward

Zip

33004

Country

Broward

4. FEI Number

65-0769375

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EILEEN POSNER
5137 PINE ABBEY DR. S.
WEST PALM BEACH, FL 33415

7. Name and Address of New Registered Agent

Name

EILEEN POSNER

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

126 S. Federal Highway

Suite 204

City

Dania Beach

FL

Zip Code

33004

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)

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, 2001 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

TITLE **PRES., DIR.** ☐ Delete
NAME **EILEEN POSNER**
STREET ADDRESS **5137 PINE ABBEY DR S**
CITY-ST-ZIP **W. PB FL 33415**

TITLE **VP, DIR** ☐ Delete
NAME **MATTHEW POSNER**
STREET ADDRESS **5302 SAPPHIRE VALLEY RD**
CITY-ST-ZIP **BOCA RATON, FL 33486**

TITLE **SECRETARY, DIR** ☐ Delete
NAME **RON POSNER**
STREET ADDRESS **1049 BOCA COVE LANE**
CITY-ST-ZIP **BOCA RATON, FL 33487**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRES/DIR** ☒ Change ☐ Addition
NAME **EILEEN POSNER**
STREET ADDRESS **126 S. Federal Hwy #204**
CITY-ST-ZIP **Dania Beach, FL 33004**

TITLE **VP, DIR** ☒ Change ☐ Addition
NAME **MATTHEW POSNER**
STREET ADDRESS **1322 CROTON COURT**
CITY-ST-ZIP **WESTON, FL 33327**

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

TITLE **TREAS/DIR** ☐ Change ☒ Addition
NAME **GARY D. POSNER**
STREET ADDRESS **21205 NE 37 AVE #906**
CITY-ST-ZIP **AVENTURA, FL 33180**

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

Date

Daytime Phone #

CR2E034 (11/00)