

2001 UNIFORM BUSINESS REPORT (UBR)

10004629 AF

DOCUMENT # **A98000000735**

1. Entity Name

VICTORIA'S CYBER SECRET LIMITED PARTNERSHIP

FILED

01 MAY -1 PM 5:55

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**235 LINCOLN ROAD, SUITE 204
MIAMI BEACH FL 33139**

**235 LINCOLN ROAD, SUITE 204
MIAMI BEACH FL 33139**

2. Principal Place of Business
437 41st St.

3. Mailing Address
437 41st St.

Suite, Apt. #, etc. **250**

Suite, Apt. #, etc. **250**

City & State
Miami Beach, FL

City & State
Miami Beach, FL

4. FEI Number
65-0820642

Applied For
Not Applicable

Zip **33140** Country **USA**

Zip **33140** Country **USA**

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

**CORPORATE CREATIONS ENTERPRISES, INC.
4521 PGA BOULEVARD #211
PALM BEACH GARDENS FL 33418**

Name
305-672-9200 Management, Inc.

Street Address (P.O. Box Number is Not Acceptable)
437 41st St. #200

Miami Beach, FL 33140

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 **Pres./305-672-9200 Management, Inc. 4/25/01**

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

(NOT Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record. **\$75,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **1000-**

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P96000044712**
NAME **PRIVATE CLIENT SERVICES, INC.**
STREET ADDRESS **235 LINCOLN ROAD, SUITE 204**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

BK

STREET ADDRESS **437 41st Street #230**
CITY-ST-ZIP **Miami Beach, FL 33140**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

**800004274418--7
-05/21/01--01153--022
***141.25 ***141.25**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

Private Client Services

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/25/01

305-672-9200

Date

Daytime Phone #

CR2E003 (11/00)