

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90099 041 \*\*\*\*50.00

**DOCUMENT # L01000013025**

1. Entity Name

**FIRST VICTORIA, LLC**

Principal Place of Business

559612 ARBOR CLUB WAY  
 BOCA RATON FL 33433

Mailing Address

559612 ARBOR CLUB WAY  
 BOCA RATON FL 33433

2. Principal Place of Business

3. Mailing Address

PO Box 1022

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Deerfield Beach

4. FEI Number

65-1138792

Applied For

Not Applicable

Zip

Country

Zip

33443

Country

USA

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLARK, THOMAS M  
 2400 EAST COMMERCIAL BLVD.  
 SUITE 820  
 FT. LAUDERDALE FL 33308

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

*Deborah A. New* manager

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/4/02

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 MGRM  
 MILO, GARY J  
 559612 ARBOR CLUB WAY  
 BOCA RATON FL 33433 ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
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 CITY-ST-ZIP ☐ Change ☐ Addition

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 CITY-ST-ZIP ☐ Delete

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

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

*Gary J. Milo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/22/02

561 3912479

CR2E083 (9/01)