

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M44547

1. Entity Name

VICTOR'S PURCHASING AGENTS IMPORT & EXPORT, INC.

Principal Place of Business

8265 NW 93 STREET
MEDLEY FL 33166

Mailing Address

8265 NW 93 STREET
MEDLEY FL 33166-2027

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

VALDIVIA, VICTOR
13841 S.W. 30 STREET
MIAMI FL

7. Name and Address of New Registered Agent

Name

VALDIVIA VICTOR

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

8315 N.W. 157TH TERRACE

City

MIAMI LAKES

FL

Zip Code 33016

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, 2000 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	STD	<input type="checkbox"/> Delete
NAME	VALDIVIA, VICTOR	
STREET ADDRESS	13841 S.W. 30 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	VALDIVIA, ISABEL	
STREET ADDRESS	13841 S.W. 30 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	VALDIVIA, ELIZABETH	
STREET ADDRESS	13841 S.W. 30 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	VALDIVIA, VICTOR, F.	
STREET ADDRESS	13941 SW 30TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALDIVIA, VICTOR	
STREET ADDRESS	8315 N.W. 157TH TERRACE	
CITY-ST-ZIP	MIAMI LAKES, FL. 33016	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALDIVIA, ISABEL	
STREET ADDRESS	8315 N.W. 157TH TERRACE	
CITY-ST-ZIP	MIAMI LAKES, FL. 33016	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALDIVIA, ELIZABETH	
STREET ADDRESS	8315 N.W. 157TH TERRACE	
CITY-ST-ZIP	MIAMI LAKES, FL. 33016	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALDIVIA, VICTOR F.	
STREET ADDRESS	8315 N.W. 157TH TERRACE	
CITY-ST-ZIP	MIAMI LAKES, FL. 33016	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 #

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90067 031 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2755590

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (9/99)