

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 13, 2003 8:00 am**  
**Secretary of State**

07-18-2003 90077 009 \*\*\*\*61.25

DOCUMENT # **N20631**



1. Entity Name  
**MIAMI BEACH VICTORIA CONDOMINIUM ASSOCIATION INC  
CORPORATED**

Principal Place of Business  
**1460A NW 107 AVENUE  
MIAMI FL 33172**

Mailing Address  
**1460A NW 107 AVENUE  
MIAMI FL 33172**

2. Principal Place of Business  
**818 MERIDIAN AVE  
Apt A2**

3. Mailing Address  
**818 MERIDIAN AVE  
Apt J2**

City & State  
**Miami Beach FL.**

City & State  
**Miami Beach FL.**

4. FEI Number **59-1429140**

Applied For  
 Not Applicable

Zip **33139** Country **USA**

Zip **33139** 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**

~~**GALAXY REALTY MANAGEMENT  
1460A NW 107 AVENUE  
MIAMI FL 33172**~~

Name **EDITH GARCIA**  
Street Address (P.O. Box Number is Not Acceptable)  
**818 MERIDIAN APT 2  
Miami Beach.**  
City **Miami Beach** FL Zip Code **33139**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Edith Garcia* (**EDITH GARCIA**) Treasurer. **8/9/03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	VD	<input type="checkbox"/> Delete
NAME	<b>DEL RIO, GERARDO</b>	
STREET ADDRESS	<b>818 MERIDIAN AVE #7</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>	
TITLE	<del>SD</del>	<input checked="" type="checkbox"/> Delete
NAME	<del><b>DUQUE, MARTA</b></del>	<i>Resign</i>
STREET ADDRESS	<del><b>818 MERIDIAN AVE #6</b></del>	
CITY-ST-ZIP	<del><b>MIAMI BEACH FL</b></del>	
TITLE	TD	<input type="checkbox"/> Delete
NAME	<del><b>DEL RIO, REINA</b></del>	
STREET ADDRESS	<del><b>818 MERIDIAN AVE #3</b></del>	
CITY-ST-ZIP	<del><b>MIAMI BEACH FL 33139</b></del>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>GARCIA, EDITH</b>	
STREET ADDRESS	<b>818 MERIDIAN AVE. #2</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<b>MENDEZ, ROSA</b>	
STREET ADDRESS	<b>818 MERIDIAN AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Del Rio, GERARDO</b>	
STREET ADDRESS	<b>818 MERIDIAN AVE #4</b>	
CITY-ST-ZIP	<b>Miami Beach FL. 33139</b>	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MARIA E. AVILA</b>	
STREET ADDRESS	<b>818 MERIDIAN AVE #3</b>	
CITY-ST-ZIP	<b>Miami Beach FL. 33139</b>	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del><b>Del Rio, Reina</b></del>	
STREET ADDRESS	<del><b>818 MERIDIAN AVE #3</b></del>	
CITY-ST-ZIP	<del><b>Miami Beach FL. 33139</b></del>	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Garcia, Edith</b>	
STREET ADDRESS	<b>818 MERIDIAN AVE APT 2</b>	
CITY-ST-ZIP	<b>Miami Beach FL. 33139</b>	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Mendez, ROSA</b>	
STREET ADDRESS	<b>818 MERIDIAN AVE #5</b>	
CITY-ST-ZIP	<b>Miami Beach FL. 33139</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Edith Garcia* (Treasurer) **8/9/03**

CR2E037 (10/02)