

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90025 012 ****61.25

DOCUMENT # N96000001979

1. Entity Name
VICTORIA HEALTH CENTER, INC.

Principal Place of Business 600 BRICKELL AVENUE SUITE 604 MIAMI FL 33131 US	Mailing Address C/O HOUSING & SERVICES, INC. 202 EAST 35TH STREET NEW YORK NY 10016-4202
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00010000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
600 BRICKELL AVE

3. Mailing Address
 Suite, Apt. #, etc.
SUITE 300D

Suite, Apt. #, etc.
SUITE 300D

Suite, Apt. #, etc.
 City & State
MIAMI FL

4. FEI Number **65-0666138** Applied For
 Not Applicable

City & State
MIAMI FL

City & State

Zip **33131** Country **US**

Zip Country

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

**FIELDS, CARLTON
 4000 INTERNATIONAL PLACE
 100 SE 2ND STREET
 MIAMI FL 33131**

Name **RAQUEL MATAS, Esq.**
 Street Address (P.O. Box Number is Not Acceptable)
**616 CARLTON FIELDS
 4000 INTERNATIONAL PLACE
 100 SE 2ND STREET**
 City **MIAMI** FL Zip Code **33131**

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 DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D <input type="checkbox"/> Delete
NAME	HAAGA, CLAIRE
STREET ADDRESS	202 EAST 35TH STREET
CITY-ST-ZIP	NEW YORK NY 10016
TITLE	D <input type="checkbox"/> Delete
NAME	BRITELL, PETER S
STREET ADDRESS	C/O-LEBOEUF, LAND ET AL - 125 W. 55TH ST.
CITY-ST-ZIP	NEW YORK NY 10016
TITLE	D <input type="checkbox"/> Delete
NAME	COHEN, MICHAEL
STREET ADDRESS	380 MADISON AVE, OVAL 10017-2513
CITY-ST-ZIP	NEW YORK NY 10036
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: DATE **1/14/00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)