

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001979

1. Entity Name

VICTORIA HEALTH CENTER, INC.

Principal Place of Business

600 BRICKELL AVENUE  
SUITE 3000  
MIAMI FL 33131  
US

Mailing Address

C/O HOUSING & SERVICES, INC.  
202 EAST 35TH STREET  
NEW YORK NY 10016

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0666138

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

RAQUEL M. MATAS

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

CARLTON FIELDS, WARD, EMANUEL  
4000 INTERNATIONAL PL.

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

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  
Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME D  
STREET ADDRESS HAAGA, CLAIRE  
CITY-ST-ZIP 202 EAST 35TH STREET  
NEW YORK NY 10016

TITLE ☐ Delete  
NAME D  
STREET ADDRESS BRITELL, PETER S  
CITY-ST-ZIP C/O LEBOEUF, LAND ET AL. - 125 W. 55TH ST.  
NEW YORK NY 10016

TITLE ☐ Delete  
NAME D  
STREET ADDRESS COHEN, MICHAEL  
CITY-ST-ZIP 380 MADISON AVE, OVAL 10017-2513  
NEW YORK NY 10036

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-30-01 212-683-1212

C0043724



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)