

2002 UNIFORM BUSINESS REPORT (UBR)

0219059 AV

DOCUMENT # P00000021003

1. Entity Name
VICTORIA TRADING INTERNATIONAL, INC.

FILED

02 OCT 29 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

5560 NE 2ND AVE.
MIAMI FL 33137

Mailing Address

5560 NE 2ND AVE.
MIAMI FL 33137

2. Principal Place of Business

3. Mailing Address

20030 N.E. 21st Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

North Miami Beach Fla

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

Zip

Country

Zip

Country

33179

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

FRANCOIS, EBERLE
5560 NE 2ND AVE.
MIAMI FL 33137

Name

LUIS R. SMITH

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

20030 N.E. 21st Ave

City

North Miami Beach FL

Zip Code

33179

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 fee 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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME FRANCOIS, EBERLE
STREET ADDRESS 5560 NE 2ND AVE.
CITY-ST-ZIP MIAMI FL 33137

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

200008677112
10/29/02--01140--009 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

200008677112
10/29/02--01140--010 **300.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

200008677112
10/29/02--01140--011 **450.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/11/07

Date

Daytime Phone #

CR2E034 (9/01)