

2000 UNIFORM BUSINESS REPORT-(UBR)

ATX1

DOCUMENT # P00000034613

1. Entity Name
VICTOR SERVICES, INC

Principal Place of Business
4140 N.W. 79TH AVENUE
1-B
MIAMI, FL
33166

Mailing Address
SAME

2. Principal Place of Business
SAME

3. Mailing Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-0996301

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75

Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ONEYDA S. MONTES
4140 N.W. 79TH AVENUE # 1-B
MIAMI FL 33166.

7. Name and Address of New Registered Agent

Name
ONEYDA S. MONTES
Street Address (P.O. Box Number is Not Acceptable)
4140 N.W. 79TH AVENUE # 1-B
City
MIAMI FL Zip Code
33166

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 *Oneyda Montes*

5/3/2002

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 P-
NAME MONTES ONEYDA S.
STREET ADDRESS 4140 N.W. 79TH AVENUE # 1-B
CITY - ST - ZIP MIAMI FL 33166

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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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: *Oneyda Montes*

5/3/2002

(305) 716-8317

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

600005598536-4
-05/23/02--01001--021
****150.00 ****150.00

5/20/02
AW