## **2001 UNIFORM BUSINESS REPORT (UBR)** FILED Apr 26, 2001 8:00 am Secretary of State DOCUMENT # P0000078672 VICTORIA'S INVESTMENTS, INC. 04-26-2001 90256 044 \*\*\*150.00 Principal Place of Business Mailing Address ΖÀΙ 175 FOUNTAINBLEAU BLVD. 175 FOUNTAINBLEAU BLVD. MIAMI FL 33172 MIAMI FL 33172 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SoTte /AI ounte ity & State City & State 4. FEI Number Applied For Florida Miami niami Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33172 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VAZQUEZ, DAVID Street Address (P.O. Box Number is Not Acceptable) 175 FOUNTAINBLEAU BLVD. /A/ **MIAMI FL 33172** Zip Code 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE TITLE ☐ Delete ☐ Change VAZQUEZ, DAVID Vazquez Magalys NAME STREET ADDRESS 175 FOUNTAINBLEAU BLVD. STREET ADDRESS CITY-ST-7IP **MIAMI FL 33172** CITY-ST-ZIP Miami Fla. 33172 IIILE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE ☐ Delete Change ☐ Addation NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete 31115 ☐ Change Addition. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Channe Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 eath; that I am an efficer 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.

SIGNING OF ICER OR DIFFECTOR