

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90709 003 \*\*\*150.00

0291931 AV

**DOCUMENT # P00000078672**

1. Entity Name  
**VICTORIA'S INVESTMENTS, INC.**



Principal Place of Business  
**175 FOUNTAINBLEAU BLVD.  
SUITE 1A1  
MIAMI FL 33172  
US**

Mailing Address  
**175 FOUNTAINBLEAU BLVD.  
SUITE 1A1  
MIAMI FL 33172  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc. **1A1**

Suite, Apt. #, etc. **1A1**

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **65-1033108**

Applied For  
Not Applicable

Zip

Country

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

**VAZQUEZ, DAVID  
175 FOUNTAINBLEAU BLVD.  
MIAMI FL 33172**

Name

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

City

**FL**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	VAZQUEZ, DAVID	175 FOUNTAINBLEAU BLVD, SUITE 1A1	MIAMI FL 33172	<input type="checkbox"/>
VP	VAZQUEZ, MAGALYS	175 FOUNTAINBLEAU BLVD, SUITE 1A1	MIAMI FL 33172	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	DAVID Vazquez Jr	11215 NW 2 <sup>nd</sup> Terr	Miami Fla 33172	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V.P.	Victoria Vazquez	11215 NW 2 Terrace	Miami Fla. 33172	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 607, 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:

*Magalys Vazquez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/6/03**

Date

Daytime Phone #