

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jul 30, 2001 08:00 AM****Secretary of State****DOCUMENT # P00000085414**1. Entity Name  
VICTORIA VACATIONS HOMES & VILLAS, INC.

## Principal Place of Business

1220 LAKE BYSCAINE WAY

ORLANDO  
32824

FL

## Mailing Address

1220 LAKE BYSCAINE WAY

ORLANDO  
32824

FL

## 2. Principal Place of Business

W. VINE STREET

## 3. Mailing Address

W. VINE STREET

Suite, Apt. #, etc.  
SUITE 507Suite, Apt. #, etc.  
SUITE 507

## City &amp; State

ORLANDO

FL

## City &amp; State

ORLANDO

FL

Zip  
34741Country  
USZip  
34741Country  
US

## 4. FEI Number

Applied For

☒ Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

AMARO MANUEL A  
1220 LAKE BYSCAINE WAYORLANDO FL  
32824 US

## 7. Name and Address of New Registered Agent

## Name

AMARO PEDRO L

Street Address (P.O. Box Number is Not Acceptable)  
1220 LAKE BYSCAINE WAYCity  
ORLANDO

FL

Zip Code  
32824

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 **PEDRO LUIS AMARO****07/30/2001**

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, 2001 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	TS	<input type="checkbox"/> Delete
NAME	RIVAS DEYANIR	
STREET ADDRESS	1220 LAKE BYSCAINE WAY	
CITY-ST-ZIP	ORLANDO FL 32824	
TITLE	V	<input type="checkbox"/> Delete
NAME	FALCON RICHARD AMARO	
STREET ADDRESS	1220 LAKE BYSCAINE WAY	
CITY-ST-ZIP	ORLANDO FL 32824	
TITLE	DP	<input type="checkbox"/> Delete
NAME	AMARO MANUEL A	
STREET ADDRESS	1220 LAKE BYSCAINE WAY	
CITY-ST-ZIP	ORLANDO FL 32824	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMARO PEDRO L	
STREET ADDRESS	1220 LAKE BYSCAINE WAY	
CITY-ST-ZIP	ORLANDO FL 32824	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **PEDRO LUIS AMARO**

DP

07/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)