2001 UNIFORM BUSINESS REPORT (UBR)

DOGUMENT # P0000098404

1. Entity Name

VICTORIA GLOBAL INC.

Principal Place of Business

Mailing Address

760 SE 2ND AVENUE

760 SE 2ND AVENUE

SUITE C-201 DEERFIELD BEACH FL 33441 SUITE C-201 DEERFIELD BEACH FL 33441

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

FILED May 10, 2001 8:00 am Secretary of State

05-10-2001 90057 009 ***150.00

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Space Country Zip Country S. Certificate of Status Desired \$80.75 Additional \$80.75 Addition	Suite, Apt.	#, etc.								
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. The Address of New Registered Agent 9. The Address of New Registered Agent 8. The Address of New Registered Agent 9.	City & Stat	te	City & State			55-104875	 56		<u> </u>	
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature, typer or printed rate of registered agent and both is applicable. This corporation is eligible to satisfy its intangible affects of so so. Anter MAY 1, 2001 Fee will be \$550.00 Anter MAY 1, 20	Zip	Country	Zip	Country -	5. (Certificate of Status Desired				
Street Address (F.O. Box Number is Not Acceptable) Street Address (F.		6. Name and Address of Current Re	egistered Agent		7. I	7. Name and Address of New Registered Agent				
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13. I hereby certify that the information specified 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 of 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	CITY - ST - ZIP			: CITY-ST-ZIP						
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	13. I hereby c	certify that the information supplied with th	is filing does not qualify for	the exemption state	ed in Section	119.07(3)(i), Florida Statutes. I furth	er certify th	nat the in	formation	
of the corporation of the receiver in government of the policy of as required by Chapter 607, Florida Statutes; and that my name appears in block 17 of block 12 in	of the corp	on this report or supplemental report is tr poration or the receiver of trustee empow	ue and accurate and that my ered to execute this report a	y signature shall ha is required by Cha	ive ine same l pter 607, Flori	egai effect as if made under oath; da Statutes; and that my name app	tnat i am a: bears in Bic	n officer i	or airector Block 12 if	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR