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VICTORIA INTERNATIONAL CORP.				ا ا		ED.		3
Principal Place of Business Mailing Address			ale	401	01 SEP 15	9 PM 1:50		
9280 BISCAYNE BOULEVARD UNIT C		Mailing Address 9280 BISCAYNE BOULEVARD UNIT C		ジ .	orpheta:	SEE. FLORIDA	٠,	
MIAMI SHORES FL 33138		MIAMI SHORES FL 33138			TALLAHAS		I (1141 8161 1) 18 41 181 1	
2. Principal Place of Business		3. Mailing Address		<u></u>				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & Star	te	City & State		4.	FEI Number 05-1048	486	Applied For Not Applicable	-
Zip	Country	Zip	Country		Certificate of Status Desired	/ 60.75	Additional	
	6. Name and Address of Current F	legistered Agent		7.	Name and Address of New	Registered Agent]
SPIEGEL	Name Street A	Name MARCKENSIE Theresias Street Address (P.O. Box Number is Not Acceptable)						
343 ALMERIA AVENUE CORAL GABLES FL 33134			3000	12555 Biocaymi Blod				
	City	City Mic mi His FL Zip Code						
8. The above named entity submits this statement for the purpose of changing its regi				r registered a	gent, or both, in the State of	Florida.	212	1
SIGNATURE	Markansi e Sighature, typed or printed name of registered agent a	d title if applicable. (NOTE:	Registered Agent signat	ure 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 \$550.00 After September 12, 2001 Fee will be \$750. Make Check Payable to Department of Stat		e \$750.00	10. Election Campaign I		5.00 May Be dded to Fees	1
11. OFFICERS AND DIRECTORS			12.	Al	 DDITIONS/CHANGES TO O	FFICERS AND DIRECT	FORS IN 11	1
TITLE NAME .	PTD MORALES, VICTORIA	Delete	TITLE NAME	Presid	ent Kensie The	eresia s Char		5(01)
STREET ADDRESS CITY-ST-ZIP	9280 BISCAYNE BOULEVARD UN MIAMI SHORES FL 33138	πο	STREET ADDRESS CITY-ST-ZIP	253	5 Biscayne	33181	-	CR2E034 (5/01
TITLE	PTD MORALES, VICTORIA	☑ Delete	TITLE NAME	1714.25-74		Char	nge Addition	뜅
STREET ADDRESS CITY-ST-ZIP	9280 BISCAYNE BOULEVARD UN MIAMI SHORES FL 33138	πο	STREET ADDRESS		j'			Ì
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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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIPECTOR.

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP