

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90006 047 ***150.00

DOCUMENT # P00000103256

1. Entity Name

VICTORIA USA CORP. ✓

Principal Place of Business

318 Indian TRACE 547
 Weston FL 33326

Mailing Address

318 Indian Trce 547
 Weston FL 33326

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1056538

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

Global Business.
 5440 STATE Road 7 Suite 221
 Fort LAUDERDALE FL 33319

7. Name and Address of New Registered Agent

Name
 Global Business.
 Street Address (P.O. Box Number is Not Acceptable)
 1290 Weston Rd
 Suite 210
 City Weston FL Zip Code 33326

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

Maria Antonieta - Vice President

04/27/01

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
 NAME Sigala Norma ☐ Delete
 STREET ADDRESS 318 Indian TRACE 547.
 CITY-ST-ZIP Weston FL 33326.

TITLE
 NAME VD Sigala Humberto ☐ Delete
 STREET ADDRESS 318 Indian TRACE 547.
 CITY-ST-ZIP Weston FL 33326.

TITLE
 NAME S Ventura Eudice ☐ Delete
 STREET ADDRESS 318 Indian TRACE
 CITY-ST-ZIP Weston FL 33326

TITLE
 NAME TD Sigala Diego ☐ Delete
 STREET ADDRESS 318 Indian TRACE
 CITY-ST-ZIP Weston FL 33326

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 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:

Norma Cedeizala
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.28.01

Date

954-673.9691

Daytime Phone #

CR2E034 (1/1/00)