

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 Mailing Address
318 Indian TRACE 547 Weston Fl. 33326 318 Indian Trace 547 Weston Fl. 33326

659121

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address Suite, Apt. #, etc.
 City & State
 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 Mania Antonieta - Vice President DATE 04/27/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 STREET ADDRESS CITY-ST-ZIP	<u>SPD Sigala Norma</u> <input type="checkbox"/> Delete <u>318 Indian TRACE 547.</u> <u>WESTON Fl, 33326.</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VD Sigala Houston</u> <input type="checkbox"/> Delete <u>318 INDIAN TRACE 547.</u> <u>WESTON Fl 33326.</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>S Ventura Euridice</u> <input type="checkbox"/> Delete <u>318 INDIAN TRACE</u> <u>WESTON Fl 33326</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>TD Sigala Diego</u> <input type="checkbox"/> Delete <u>318 Indian TRACE</u> <u>Weston Fl 33326</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 C. Sigala DATE 04.28.01 DAYTIME PHONE # 954-673-9691
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)