

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90302 034 ***150.00

0362567 AV

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1. Entity Name
VICTORIA USA, CORP.



Principal Place of Business
**318 INDIAN TRACE #547
WESTON FL 33326**

Mailing Address
**318 INDIAN TRACE #547
WESTON FL 33326**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1056538**

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GLOBAL-BUSINESS
1290 WESTON RD
SUITE 210
WESTON FL 33326**

7. Name and Address of New Registered Agent

Name **GBS CONSULTANTS**
Street Address (P.O. Box Number is Not Acceptable)
**1290 WESTON ROAD
SUITE 306**
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Maria Antonietta
Signature, typed or printed name of registered agent and title (Applicable).

Maria Diaz
(NOTE: Registered Agent signature required when reinstating)

04/29/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **SIGALA, NORMA**
STREET ADDRESS **318 INDIAN TRACE #547**
CITY-ST-ZIP **WESTON FL 33326**

TITLE **VD** ☐ Delete
NAME **SIGALA, HOUDRIO**
STREET ADDRESS **318 INDIAN TRACE #547**
CITY-ST-ZIP **WESTON FL 33326**

TITLE **S** ☐ Delete
NAME **VENTURA, EURIDICE**
STREET ADDRESS **318 INDIAN TRACE #547**
CITY-ST-ZIP **WESTON FL 33326**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **VD** ☒ Change ☐ Addition
NAME **SIGALA, HONORIO**
STREET ADDRESS **318 INDIAN TRACE #547**
CITY-ST-ZIP **WESTON, FL 33326**

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

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Norma C. Sigala
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/03
Date

Daytime Phone #

CR2E034 (10/02)