

2002 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90102 042 ***150.00

DOCUMENT # P O 1000085531

1. Entity Name
VICTORIO'S FINISHES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13420 N.W. 4th # 104

Suite, Apt. #, etc.
104

City & State
PEMBROKE PINE FL

Zip
33028

Country
BROWERD

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1140231

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
MARTHA LUCIA ACEVEDO

Street Address (P.O. Box Number is Not Acceptable)
13420 N.W. 4th ST. #104

City
PEMBROKE PINE

FL

Zip Code
33028

**DO NOT WRITE
IN THIS SPACE**

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 X Martha Lucia Acevedo
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/24/02.

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 P
NAME VICTOR M. BONILLA
STREET ADDRESS 13420 NW 4th ST # 104
CITY-ST-ZIP PEMBROKE PINE FL 33028

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V/P
NAME MARTHA LUCIA ACEVEDO
STREET ADDRESS 13420 N.W. 4th ST
CITY-ST-ZIP PEMBROKE PINE FL 33028

TITLE
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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 on an attachment with an address, with all power like empowered.

SIGNATURE:

PRESIDENT VICTOR M. BONILLA

04/24/02

954-448-5317

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #