2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0100093010 1. Entity Name M. VICTORY HOLDINGS, INC.						Apr 18, 2002 8:00 am Secretary of State 04-18-2002 90369 005 ***150.00	
Principal Place of Business Mailing Address 5181 SW 7 STREET 5181 SW 7 STREET MIAMI FL 33134 MIAMI FL 33134				-			
2. Principal F	Place of Business	3. Mailing Address					
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			_	DO NOT WRITE IN THIS SPACE	
City & Stat		City & State			4	FEI Number Applied For	
					- 1	65-1146188 Not Applicable	
Zip ~	Country	Zip	Countr	y 	<u>.</u> 5.	Certificate of Status Desired	
	6. Name and Address of Current Ro	egistered Agent		Name	7.	Name and Address of New Registered Agent	
Gutierrez, olga Michelle S 600 Grape Tree Dr., #9D-N				Street Address (P.O. Box Number is Not Acceptable)			
KEY BISC	AYNE FL 33149						
			City			FL Zip Code	
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, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta				10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
11.	OFFICERS AND DI		12.		AD	DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUTIERREZ, OLGA MICHELLE S 600 GRAPE TREE DR., #9D-N KEY BISCAYNE FL 33149	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP		☐ Change ☐ Addition	
ITLE IAME TREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP	400	☐ Change ☐ Addition	
ITLE AME TREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	Address 1-zip		☐ Change ☐ Addition	
ITLE Ame Treet address ITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S'	ADDRESS .		☐ Change ☐ Addition	
ITLE AME TREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-ST	ADDRESS - ZIP		☐ Change ☐ Addition	
of the corp	ON INS TEDON OF SUDDIEMENTAL PENOMES TO	le and accurate and that my ered to execute this report as	eignatiir	a chall have the	cama	119.07(3)(i), Florida Statutes. I further certify that the information egal effect as if made under oath; that I am an officer or director da Statutes; and that my name appears in Block 11 or Block 12 if	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/2002 305 365- 9986.