


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

FILED
Apr 01, 2003 8:00 am
Secretary of State

04-01-2003 90095 001 *****8.75
04-01-2003 90095 002 ***150.00

DOCUMENT # P01000093010
1. Entity Name
M. VICTORY HOLDINGS, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5181 SW 7 STREET
Suite, Apt. #, etc. -

3. Mailing Address
5181 SW 7 STREET
Suite, Apt. #, etc. -

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33134 Country

Zip
33134 Country

4. FEI Number
651146188 Applied For
No: Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name GOTIERREZ, OLGA MICHELLE S

Street Address (P.O. Box Number is Not Acceptable)
600 GRAPE TREE DR, #9DN

City KEY BISCAVNE FL FL Zip Code 33149

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 N/A DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	<u>GOTIERREZ, OLGA MICHELLE S</u> <u>600 GRAPE TREE DR, #9DN</u> <u>KEY BISCAVNE FL 33149</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE _____ DAYTIME PHONE _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)