

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90119 037 ***150.00

0361966
AV

DOCUMENT # P01000109603

1. Entity Name
VICTORIA DAIRY PRODUCTS, INC.



Principal Place of Business
C/O MARIA T. VERA
1431 CAPRI LN #5210
WESTON FL 33326

Mailing Address
C/O MARIA T. VERA
1431 CAPRI LN #5210
WESTON FL 33326

11011164



03-0413305

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

2700 GLADES CIRCLE

Suite, Apt. #, etc.

C-127

City & State

Weston, FL

Zip
33327

Country
USA

3. Mailing Address

2700 GLADES CIRCLE

Suite, Apt. #, etc.

C-127

City & State

Weston, FL

Zip
33327

Country
USA

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VERA, MARIA T
C/O MARIA T. VERA
1431 CAPRI LN #5210
WESTON FL 33326

7. Name and Address of New Registered Agent

Name **FRANCO T. LO DOLCE**

Street Address (P.O. Box Number is Not Acceptable)

2700 GLADES CIRCLE

S/E C-127

City **Weston**

FL

Zip Code

33327

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 **D** ☐ Delete
NAME **LO DOLCE, FRANCO T**
STREET ADDRESS **C/O MARIA T. VERA 1431 CAPRI LN #5210**
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

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 **D** ☒ Change ☐ Addition
NAME **LO DOLCE, FRANCO TROTTA**
STREET ADDRESS **2700 GLADES CIRCLE # C-127**
CITY-ST-ZIP **Weston, FL 33327**

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

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

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

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

TITLE ☐ Change ☐ Addition
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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)