

2000 UNIFORM BUSINESS REPORT (UBR)

4/3

FILED
May 22, 2000 8:00 am
Secretary of State

04-03-2000 90007 008 ****61.25

DOCUMENT # P28930

1. Entity Name

VICTORY OUTREACH, INCORPORATED

Principal Place of Business

Mailing Address

250 W ARROW HWY
 SAN DIMAS CA 91773-3342

250 W ARROW HWY
 SAN DIMAS CA 91773-3313
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

95-2788459

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RICHARD LUNA
175 NW 31ST ST
MIAMI FL 33142

Name

Joe E. Carrillo

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

175 N. W. 31st. St.

Miami, FL 33127

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **ARGUINZONI, SONNY**
 CITY-ST-ZIP **454 COBERTA AVE.**
LA PUENTE CA 91746

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

TITLE ☐ Delete
 NAME **V**
 STREET ADDRESS **ARGUINZONI, JULIE**
 CITY-ST-ZIP **454 COBERTA AVE.**
LA PUENTE CA 91746

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

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **GARCIA, SAUL**
 CITY-ST-ZIP **927 VILLAGE OAKS DR.**
COVINA CA 91724

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **MORALES, ED**
 CITY-ST-ZIP **395 CHARGIN WAY**
MORGAN HILL CA

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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 617, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Saul Garcia 3-10-00 909-599-4437

Date

Daytime Phone #

CR2E037 (9/99)