

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jan 08, 2001 8:00 am**  
**Secretary of State**

01-08-2001 90025 048 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # P95000026693</b>			
1. Entity Name <b>VICTORIA FARM, INC.</b>			
Principal Place of Business <b>23011 NW 78TH AVENUE ALACHUA FL 32615 US</b>		Mailing Address <b>23011 NW 78TH AVENUE ALACHUA FL 32615 US</b>	
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip  Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip  Country	
4. FEI Number <b>65-0573023</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>ISTURIZ, FERNANDO 23011 NW 78 AVE ALACHUA FL 32615</b>		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>		<b>\$5.00 May Be Added to Fees</b>	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PSTD</b> <input type="checkbox"/> Delete NAME <b>ISTURIZ, FERNANDO</b> STREET ADDRESS <b>8341 N.W. 66TH STREET</b> CITY-ST-ZIP <b>MIAMI FL 33166</b>		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:		President <b>Fernando Isturiz</b> Date <b>4/1/01</b> Daytime Phone # <b>9044621211</b>	

CR2E034 (10/00)