

2001 UNIFORM BUSINESS REPORT (UBR)

0188494

DOCUMENT # P96000062713

1. Entity Name
VICTORIA ROSE, INC.

Principal Place of Business
9200 BAY HARBOR TERRACE
SUITE 5A
BAY HARBOR ISLAND FL 33154

Mailing Address
9200 BAY HARBOR TERRACE
SUITE 5A
BAY HARBOR ISLAND FL 33154

FILED

03 JUL -7 AM 9:54

REINSTATEMENT

01-22-03



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address
9800 W Bay Harbor Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Bay Harbor Is. FL

4. FEI Number 65-0695738

Applied For
Not Applicable

Zip

Country

Zip

33154

Country

MIAMI - Dade

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

TRUTE, MELVYN ESQ.
1090 KANE CONCOURSE, SUITE 202
BAY HARBOR ISLAND FL 33154

Name

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

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

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

(NOTE: Registered Agent signature required when reinstating)

7/2/03
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☒

FEE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ROSE, VICTORIA
9221 EAST BAY HARBOR DRIVE
BAY HARBOR ISLAND FL 33154 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600020807566
06/12/03--01076--008 **1050.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03
Date

305/308-9563
Daytime Phone #

CR2E034 (10/00)