

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 05, 2001 8:00 am**  
**Secretary of State**

02-05-2001 90046 023 \*\*\*150.00

**DOCUMENT # P96000072282**

1. Entity Name

**VICTORY TITLE SERVICES, INC.**

Principal Place of Business

5590 W 20TH AVE  
SUITE #200  
HIALEAH FL 33016  
US

Mailing Address

5590 W 20 AVENUE  
SUITE #200  
HIALEAH FL 33016  
US

2. Principal Place of Business

5590 West 20th Ave

3. Mailing Address

5590 West 20th Ave

Suite, Apt. #, etc.

403

Suite, Apt. #, etc.

403

City &amp; State

Hialeah, FL

City &amp; State

Hialeah, FL

Zip

33016

Country

USA

Zip

33016

Country

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COSCULLUELA, MICHAEL

5590 W 20TH AVE

SUITE #200

HIALEAH FL 33016

Name

Michael Cosculluela

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

5590 West 20th Ave, Suite 403

City

Hialeah

FL

Zip Code

33016

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

01/08/01

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐**FILE 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	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
DPST	COSCULLUELA, MICHAEL	5590 W 20TH AVE, SUITE #200	HIALEAH FL 33016	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	COSCULLUELA, MICHAEL	5590 W 20TH AVE, SUITE #200	HIALEAH FL 33016	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 title empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/08/00

Date

305 828-1989

Daytime Phone #

CR2E034 (10/00)