2000 UNIFORM BUSINESS RECAPT (UB P97000038012 FILED VICTORIAN CREST INC. 00 APR 19 PM 2: 59 SECRETARY OF STATE Principal Place of Business Mailing Address TALEARASSEE. FLORIDA 1581 EASTAKE WAY 5601 POWERLINE ROAD WESTON, F1 33324 SUITE 307 FORT LANDERDAUE FL 33309 2. Principal Place of Business 3. Mailing Address 1801 EASTLAKE WAY DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEL Number 65-0766 869 City & State WESTON Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 33326 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JUAN CARLOS RICATTI Street Address (P.O. Box Number is Not Acceptable) ISBI EASTWAKE WAY WESTON, F/33326 Zip Code statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity 4.17.00 SIGNATURE Signature, typed or printed name of egistered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Meke Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. PRESIDENT Addition TITLE ☐ Delete TITLE JUAN C.RICATTI 1581 EASTAKE WAY NAME NAME STREET ADDRESS STREET ADDRESS WESTON FL 33326 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition VICE PRESIDENT ☐ Delete TITLE 900003225439---04/26<u>/</u>00--01078--<u>01</u>3 NAME MONA RICATTI STREET ADDRESS STREET ADDRESS 1581 EASTEAICE WAY WESTON FC 33324 CITY-ST-ZIP ****150.00 ****150。[10] CITY ST ZIP Change Addition ☐ Delete TITLE HILE 900003225439---04/26/00--01078--014 NAME STREET ADDRESS STREET ADDRESS ****150.00 CITY-ST-ZIP ****150.00 II. ST ZIP ☐ Change Addition ☐ Delete TITLE HILE NAME STREET ADDRESS Some ADDRESS CITY-ST-2IP II. ST-ZIP Change Addition 1111 ☐ Delete TITLE NAME : ADDRESS STREET ADDRESS CITY-ST-ZIP ST ZIP ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP ST-ZIP i3. I hereby certify that the information supplied with this thing 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 of 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 wij 954.491.6960 -:GNATURE: OFFICER OR DIRECTOR



Addressing... It's All We Do!

April 11, 2000

FLORIDA DEPARTMENT OF STATE

Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

Subject: Victorian Crest Inc.

Re: P97000038012

As per my phone conversation with one of your representatives, Michelle on 4/10/00, please find attached 2 (two) checks in the amount of \$ 150.00 each for the renewal of Annual reports 1999 and 2000. We did not received the Profit Corporation Annual Report for 1999, we are aware that there is a one time only waiver reinstatement.

Please, if you have any questions, do not hesitate to call us at (954) 491-6960.

Thank you for your prompt response to this matter.

Mona Ricatti

Sincerely

Vice President