

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000075395

1. Entity Name

VICTORIA REALTY, P.A.

FILED

Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90184 007 ***150.00

Principal Place of Business

Mailing Address

2331 PINE NEEDLE CT
PEMBROKE PINES FL 33026

2331 PINE NEEDLE CT
PEMBROKE PINES FL 33026-1545

60064644

2. Principal Place of Business

3. Mailing Address

1689 N. HIATUS RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#149

City & State

City & State

PEMBROKE PINES

4. FEI Number

65-0785710

Applied For

Not Applicable

Zip

Country

Zip

Country

33026

BROW.

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

PRODROMITIS, VICTORIA J
2331 PINE NEEDLE CT
PEMBROKE PINES FL 33026

Name VICTORIA J. PRODROMITIS

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

1689 N. HIATUS RD., #149

City

Pembroke Pines

FL

Zip Code

33026

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/00

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, 2000 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 D
NAME PRODROMITIS, VICTORIA J
STREET ADDRESS 2331 PINE NEEDLE CT
CITY-ST-ZIP PEMBROKE PINES FL 33026 ☒ Delete

TITLE PRODROMITIS VICTORIA J.
NAME PRODROMITIS VICTORIA J.
STREET ADDRESS 1689 N. HIATUS RD., #149
CITY-ST-ZIP PEMBROKE PINES, FL 33026 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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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

4/10/00

Date

954-450-0366

Daytime Phone #

CR2E034 (9/99)