

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90327 003 ***150.00

0619899 AT

DOCUMENT # P98000026292

1. Entity Name
VICTORIA TRUST SPE, INC.



Principal Place of Business
**570 DELAWARE AVENUE
BUFFALO NY 14202**

Mailing Address
**570 DELAWARE AVENUE
BUFFALO NY 14202**

11030298



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **16-1547345**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	BENDERSON, NATHAN	
STREET ADDRESS	570 DELAWARE AVENUE	
CITY-ST-ZIP	BUFFALO NY 14202	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENDERSON, RONALD	
STREET ADDRESS	570 DELAWARE AVENUE	
CITY-ST-ZIP	BUFFALO NY 14202	
TITLE	D	<input type="checkbox"/> Delete
NAME	BALDAUF, DAVID H	
STREET ADDRESS	570 DELAWARE AVENUE	
CITY-ST-ZIP	BUFFALO NY 14202	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLEISCHMANN, PETER	
STREET ADDRESS	787 DELAWARE AVENUE	
CITY-ST-ZIP	BUFFALO NY 14209	
TITLE		<input type="checkbox"/> Delete
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *DAVID H. BALDAUF*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID H. BALDAUF

4/21/2003 716.886.0211

Date Daytime Phone #

CR2E034 (10/02)