

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000058540

1. Entity Name

VICTORIAN ESSENCE, INC.

FILED

Mar 15, 2000 8:00 am  
Secretary of State

03-15-2000 90114 046 \*\*\*150.00

Principal Place of Business

Mailing Address

10201 HAMMOCKS BLVD., SUITE 153-292  
MIAMI FL 33196

10201 HAMMOCKS BLVD., SUITE 153-292  
MIAMI FL 33196-4712

2. Principal Place of Business

8505 MILLS DR

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

4. FEI Number

65-0849207

☒ Applied For

☐ Not Applicable

Zip

33183

Country

U.S.A

Zip

Country

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

GRANITUR, ERIC  
325 MERIDIAN AVE., #6  
MIAMI BCH FL 33139

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 P  
NAME KAZMIERCZAK, MARTHA  
STREET ADDRESS 8707 SW 152 AVE, #327  
CITY-ST-ZIP MIAMI FL 33193 ☐ Delete

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

TITLE V  
NAME KAZMIERCZAK, BRIAN  
STREET ADDRESS 8707 SW 152 AVE, #327  
CITY-ST-ZIP MIAMI FL 33193 ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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: M. J. Kazmierczak (PRES)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.16.00  
Date

305.380-7783  
Daytime Phone #