

2001 UNIFORM BUSINESS REPORT (UBR)

4/26

FILED
May 23, 2001 8:00 am
Secretary of State

04-26-2001 90034 013 ***150.00

DOCUMENT # P98000058540

1. Entity Name

VICTORIAN ESSENCE, INC.

Principal Place of Business

**8505 MILLS DR
 MIAMI FL 33183
 US**

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0849207

Applied For

Not Applicable

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 33193**

Name **Timothy F. Susich, CPA, Inc.**

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

10689 N. Kendall Drive, Suite 312

City **Miami**

Zip Code **33176**

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 **TIMOTHY F. SUSICH,**
Signature, typed or printed name of registered agent and title if applicable.

Timothy F. Susich
(NOTE: Registered Agent signature required when re-instating)

3/11/01
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, 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

TITLE	P	<input type="checkbox"/> Delete
NAME	KAZMIERCZAK, MARTHA	
STREET ADDRESS	8707 SW 152 AVE, #327	
CITY-STATE-ZIP	MIAMI FL 33193	
TITLE	V	<input type="checkbox"/> Delete
NAME	KAZMIERCZAK, BRIAN	
STREET ADDRESS	8707 SW 152 AVE, #327	
CITY-STATE-ZIP	MIAMI FL 33193	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-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. Susich Kazmierczak**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.19.01
Date

Daytime Phone #

CR2E034 (10/00)