

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90063 031 ***150.00

DOCUMENT # P98000086503

1. Entity Name

ROBERT VICTORIA MACHINING, INC.

Principal Place of Business

Mailing Address

6357 ROYAL PALM BLVD
 MARGATE FL 33063

6357 ROYAL PALM BLVD
 MARGATE FL 33063-2207

2. Principal Place of Business

6357 Royal Palm Blvd
 Suite, Apt. #, etc.
 Margate, Florida
 City & State

3. Mailing Address

Robert Victoria Mach Inc
 Suite, Apt. # etc.
 6357 Royal Palm Blvd
 City & State
 Margate, Florida



DO NOT WRITE IN THIS SPACE

4. FEI Number

APPLIED FOR

Applied For

Not Applied

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

~~VICTORIA-ROBERT~~

17400 NORTH WEST 68TH STREET, #206
 MIAMI FL 33015

Name

Victoria, Robert

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

6357 Royal Palm Blvd

Margate

City

FL

Zip Code

33063

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 PD Delete
 NAME VICTORIA, ROBERT
 STREET ADDRESS 17400 NORTH WEST 68TH STREET, #206
 CITY-ST-ZIP MIAMI FL 33015

TITLE Change Additio
 NAME Victoria, Robert
 STREET ADDRESS 6357 Royal Palm Blvd
 CITY-ST-ZIP Margate Fl. 33063

TITLE Delete
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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:

Robert Victoria
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/2000

Date

(954) 917-1594

Daytime Phone #