

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000019067**

1. Entity Name

VICTORY OIL CORPORATION**FILED**
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90068 042 ***150.00

Principal Place of Business

**145 MADEIRA AVE., STE. 310
CORAL GABLES FL 33134**

Mailing Address

**145 MADEIRA AVE., STE. 310
CORAL GABLES FL 33134-4520**

2. Principal Place of Business

11191 S.W. 17th Street

3. Mailing Address

50 S.W. 17 ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL 33157

City & State

MIAMI, FLZip
33157

Country

U.S.A

Zip

33129

Country

U.S.A

4. FEI Number

65-0899124

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SANCHEZ DE VARONA, RAUL J
145 MADEIRA AVE., STE. 310
CORAL GABLES FL 33134**

Name

JOSE E. ALFONZO

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

50 S.W. 17 ROAD

City

MIAMI**FL**

Zip Code

33129

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D			<input checked="" type="checkbox"/>
	ALFONZO, RAFAEL			
	50 SW 17 RD.			
	MIAMI FL 33130			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	Director				
	JOSE ENRIQUE ALFONZO				
	50 S.W. 17 ROAD				
	MIAMI, FL 33129				

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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

Date

Daytime Phone #

CR2E034 (9/99)