

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 06, 2001 8:00 am**  
**Secretary of State**

09-06-2001 90245 041 \*\*\*150.00

DOCUMENT # P99000020013

1. Entity Name

**VICKY'S VARIEDADES CORP.**

Principal Place of Business

Mailing Address

**13284 SW 108 STREET CIRCLE  
 MIAMI, FL 33186**

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

**65-0898337**

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

**VICTORIA ECEPEDA  
 13284 SW 108 STREET CIRCLE  
 MIAMI, FL 33186**

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

*Victoria Cepeda*

**08/28/01**

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) ☐

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 <b>P</b> NAME <b>VICTORIA E CEPEDA</b> STREET ADDRESS <b>13284 SW 108 STREET CIRCLE</b> CITY-ST-ZIP <b>MIAMI, FL 33186</b>	<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"/> 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: *Victoria Cepeda* **PRESIDENT** **08-28/01** **305/383-6053**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)

Attachment D# P99000020013  
80063610

**VICKY'S VARIEDADES CORP.**  
13284 SW 108 STREET CIRCLE  
Miami, FL 33186

AUGUST 28, 2001

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**FLORIDA DEPARTMRNT OF STATE**  
**RE: DOCUMENT #P99000020013**  
**FEI # 65-0898337**

**TO WHOM IT MAY CONCERN:**

**I'M SENDING MY UNIFORM REPORT 2001, LATE BECAUSE I NEVER RECEIVED ORIGINAL ANNUAL REPORT, I WILL APPRECIATE IF YOU WAIVE THE LATE CHARGES.**

**ATTACHED IS THE APPLICATION WITH A CHECK IN THE AMOUNT OF \$150.00 FOR THE YEARS 2001.**

**SINCERELY YOURS**

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**VICTORIA E CEPEDA**  
**PRESIDENT**