

**2001 UNIFORM BUSINESS REPORT (UBR)**

0089500  
AV

**DOCUMENT # P99000055122**  
 1. Entity Name  
**VICTORY HEALTH SERVICES, INC.**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 01 NOV 27 PM 5:03

Principal Place of Business      Mailing Address  
 13563 SW 183RD TERRACE      13563 SW 183RD TERRACE  
 MIAMI FL 33177      MIAMI FL 33177

2. Principal Place of Business      3. Mailing Address  
 19885 SW 122ct      19885 SW 122ct.  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.



**REINSTATEMENT** 01  
 (DO NOT WRITE IN THIS SPACE)

City & State      City & State  
 Miami, FL      Miami, FL  
 Zip      Country      Zip      Country  
 33177      U.S.A.      33177      USA

4. FEI Number      Applied For  
 65-0933297      Not Applicable  
 5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**ESTELA, LUIS**  
 13563 SW 183RD TERRACE  
 MIAMI FL 33177

7. Name and Address of New Registered Agent  
 Name      Luis A. Estela  
 Street Address (P.O. Box Number is Not Acceptable)  
 19885 SW 122ct  
 City      Miami      FL      Zip Code      33177

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      *Luis A Estela*      DATE      11-15-01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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	ESTELA, LUIS	
STREET ADDRESS	13563 SW 183 TERRACE	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	600004716946-5	
STREET ADDRESS	-12/10/01--01088--018	
CITY-ST-ZIP	****758.75      ****758.75	
TITLE	<i>Estela</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Luis A Estela*      DATE: 11-15-01      DAYTIME PHONE #: 305-215-5424  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (5/01)