

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

04-03-2002 90007 039 \*\*\*150.00

**DOCUMENT # V10678**

1. Entity Name

VICTORIA A. VILCHEZ, P.A.

Principal Place of Business

1803 S. AUSTRALIAN AVE  
 SUITE A  
 WEST PALM BEACH FL 33409  
 US

Mailing Address

1803 S. AUSTRALIAN AVE  
 SUITE A  
 WEST PALM BEACH FL 33409  
 US

2. Principal Place of Business

625 North Flagler Dr.  
 Suite 507  
 West Palm Beach, FL  
 33401 U.S.

3. Mailing Address

625 North Flagler Dr.  
 Suite 507  
 West Palm Beach, FL  
 33401 U.S.



DO NOT WRITE IN THIS SPACE

City & State

West Palm Beach, FL  
 33401 U.S.

City & State

West Palm Beach, FL  
 33401 U.S.

4. FEI Number

65-0310959

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

VILCHEZ, VICTORIA A  
 1803 S. AUSTRALIAN AVENUE  
 SUITE A  
 W. PALM BEACH FL 33409

7. Name and Address of New Registered Agent

Name: Victoria A. Vilchez  
 Street Address (P.O. Box Number is Not Acceptable): 625 North Flagler Drive  
 Suite 507  
 City: West Palm Beach FL Zip Code: 33401

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 Vilchez* President

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/17/02

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, 2002 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	PSTD	<input type="checkbox"/> Delete
NAME	VILCHEZ, VICTORIA A	
STREET ADDRESS	1803 S. AUSTRALIAN AVENUE, SUITE A	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
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	PSTD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICTORIA A. VILCHEZ	
STREET ADDRESS	625 North Flagler Drive, Suite 507	
CITY-ST-ZIP	West Palm Beach, FL 33401	
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		
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:

*Victoria Vilchez*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/02

Date

(561) 471-0001

Daytime Phone #

CR2E034 (9/01)