

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2003 8:00 am
Secretary of State

02-25-2003 90137 029 ***150.00

DOCUMENT # V10678

1. Entity Name
VICTORIA A. VILCHEZ, P.A.



Principal Place of Business
**625 NORTH FLAGLER DRIVE
SUITE 507
WEST PALM BEACH FL 33401
US**

Mailing Address
**625 NORTH FLAGLER DRIVE
SUITE 507
WEST PALM BEACH FL 33401
US**



2. Principal Place of Business

1803 So. Australian Ave.

3. Mailing Address

1803 So. Australian Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite F

Suite F

City & State

City & State

West Palm Beach

West Palm Beach

Zip

Zip

FL

FL

Country

Country

☐ CHECK HERE IF MAKING CHANGES

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
625 NORTH FLAGLER DRIVE
SUITE 507
WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

Name **Victoria Vilchez**
Street Address (P.O. Box Number is Not Acceptable) **1803 So. Australian Ave**
Suite F
City **West Palm Beach FL** Zip Code **33409**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Victoria Vilchez**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/21/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ Delete
NAME **VILCHEZ, VICTORIA A**
STREET ADDRESS **625 NORTH FLAGLER DRIVE, SUITE 507**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Victoria Vilchez** ☒ Change ☐ Addition
NAME **1803 So. Australian Ave.**
STREET ADDRESS **Suite F**
CITY-ST-ZIP **West Palm Beach, FL 33409**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address with an other like empowered.

SIGNATURE: **Victoria Vilchez** **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/03 501-471-0001
Date Daytime Phone #

CR2E034 (10/02)