

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90415 034 \*\*\*150.00

**DOCUMENT # P93000006840**

1. Entity Name  
**VRONIA, INC.**



Principal Place of Business  
**468 GOLDEN ISLE  
SUITE 402  
HALLANDALE FL 33009  
US**

Mailing Address  
**C/O MALMAN  
17290 NE 19TH AVENUE  
NORTH MIAMI BEACH FL 33162  
US**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**469 6010th ISLE**

3. Mailing Address

Suite, Apt. #, etc.  
**Suite 101**

Suite, Apt. #, etc.

City & State  
**HALLANDALE, FL**

City & State

4. FEI Number **65-0429111**

Applied For  
Not Applicable

Zip **33009** Country **USA**

Zip Country

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

6. Name and Address of Current Registered Agent

**ALMAN, MARTIN H  
17290 NE 19TH AVENUE  
MIAMI FL 33162**

7. Name and Address of New Registered Agent

Name **MARK Hollander**  
Street Address (P.O. Box Number is Not Acceptable)  
**11410 N. Kendall DR. #207**  
City **MIAMI** FL **33176**

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 **Mark Hollander** DATE **2/26/03**  
Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when reinstating)

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>AVELLA, ROBERTO</b>	
STREET ADDRESS	<b>468 GOLDEN ISLE, #401</b>	
CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>AVELLA, IDA</b>	
STREET ADDRESS	<b>468 GOLDEN ISLE, #401</b>	
CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>	
TITLE	<b>2VP</b>	<input type="checkbox"/> Delete
NAME	<b>AVELLA, ROBERTA</b>	
STREET ADDRESS	<b>468 GOLDEN ISLE, #401</b>	
CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>AVELLA, VALENTINA</b>	
STREET ADDRESS	<b>468 GOLDEN ISLE, #401</b>	
CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>GIANELLO, LARA</b>	
STREET ADDRESS	<b>468 GOLDEN ISLE, #401</b>	
CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 reports 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 and name like empowered.

SIGNATURE: **[Signature]**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/26/03**

Date Daytime Phone #

CR2E034 (10/02)