

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 92211 046 \*\*\*150.00

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**DOCUMENT # P01000026217**

1. Entity Name  
**VILLA CONNECTION, INC.**



Principal Place of Business  
**1830 MERIDIAN AVENUE 704  
MIAMI BEACH FL 33139**

Mailing Address  
**1830 MERIDIAN AVENUE 704  
MIAMI BEACH FL 33139**

**11041954**



2. Principal Place of Business  
**1610 LENOX AVENUE**  
Suite, Apt. #, etc.  
**417**  
City & State  
**MIAMI BEACH, FL**  
Zip  
**33139** Country  
**USA**

3. Mailing Address  
**1610 LENOX AVENUE**  
Suite, Apt. #, etc.  
**417**  
City & State  
**MIAMI BEACH, FL**  
Zip  
**33139** Country  
**USA**

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **36-4429224** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**FREY, AIME L**  
**1830 MERIDIAN AVENUE 704**  
**MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

Name  
**AMY L. FREY**  
Street Address (P.O. Box Number is Not Acceptable)  
**1610 LENOX AVENUE, #417**  
City  
**- SAME -** FL Zip Code  
**SAME**

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 **AMY L. FREY**

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

(NOTE: Registered Agent signature required when reinstating)

**04/27/03**

DATE

**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 NAME STREET ADDRESS CITY-ST-ZIP	PD FREY, AIME L 1500 BAY RD, STE 838 MIAMI FL 33139	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KONIA, BRADLEY S 1500 BAY RD, STE 838 MIAMI FL 33139	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FREY, AMY L. 1610 LENOX AVENUE, #417 MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KONIA, BRADLEY S. 1610 LENOX AVENUE, #417 MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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 all other like empowered.

SIGNATURE: **AMY L. FREY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/27/03 305 604-5918**

Date Daytime Phone #

CR2E034 (10/02)