


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90177 049 ***150.00

DOCUMENT # P32965	
1. Entity Name VIA MIZNER OF WORTH AVE. INC.	

Principal Place of Business C/O ASTON DEVELOPMENT 90 VIA MIZNER PALM BEACH FL 33480 US	Mailing Address C/O ASTON DEVELOPMENT CORPORATION 90 VIA MIZNER PALM BEACH FL 33480 US
---	---



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. 45 VIA MIZNER	Suite, Apt. #, etc. 45 VIA MIZNER
City & State PALM BEACH, FL	City & State PALM BEACH, FL
Zip 33480	Zip 33480
Country U.S.A.	Country U.S.A.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0251031	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
--	---

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 _____ (NOTE: Registered Agent signature required when reinstating) **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 <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME KEAN, IAN M. STREET ADDRESS % 90 VIA MIZNER CITY-ST-ZIP PALM BEACH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 45 VIA MIZNER CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SV NAME PAVLAKIS, ELIZABETH A. STREET ADDRESS % 90 VIA MIZNER CITY-ST-ZIP PALM BEACH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 45 VIA MIZNER CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: VIA MIZNER OF WORTH AVE. INC. **1/14/03** **561-615-6305**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)