

**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P93000006840**

1. Entity Name

**VRONIA, INC.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR 27 PM 2:56

810955



DO NOT WRITE IN THIS SPACE

Principal Place of Business 468 GOLDEN ISLE SUITE 402 HALLANDALE FL 33009 US		Mailing Address 468 GOLDEN ISLE SUITE 402 HALLANDALE FL 33009-7588 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
4. FEI Number	65-0429111	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent <b>ISAAC, FRAZIER</b> 468 GOLDEN ISLES DR., SUITE 101 HALLANDALE FL 33009		7. Name and Address of New Registered Agent Name <b>RICARDO MAGNI</b> Street Address (P.O. Box Number is Not Acceptable) <b>200 SW 25th RD.</b> <b>MIAMI</b> City <b>FL</b> Zip Code <b>33129</b>	
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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 *[Signature]* DATE 2/2/2000

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See Criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 by 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 no change of officers or directors has occurred, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** 3/21/00 *[Signature]* AD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #