FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jul 18, 2002 8:00 am Secretary of State DOCUMENT # P93000006840 1. Entity Name VRONIA, INC. 07-18-2002 90130 031 ***150.00 Principal Place of Business Mailing Address 468 GOLDEN ISLE 468 GOLDEN 1SLE SUITE 402 SUITE-402 HALLANDALE FL 33009 HALLANDALE FL 33009 2. Principal Place of Business 3. Mailing Address C/O M. ALMAN SAME AS ABOVE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE 401 City & State 4. FEI Number Applied For 65-0429111 HALLANDALE Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33009 Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent alman, martin h Street Address (P.O. Box Number is Not Acceptable) 17290 NE 19TH AVENUE **MIAMI FL 33162** City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Defete TITLE VICE PRESIDENT Addition NAME **AVELLA, ROBERTO** NAME IDA AVELLA STREET ADDRESS 468 GOLDEN ISLE, #401 STREET ADDRESS 468 GOLDEN ISLE DR. #401 CITY-ST-ZIP HALLANDALE FL 33009 CITY-ST-ZIP HALLANDALE, FL. 33009 TITLE ☐ Delete TITLE Change Addition 2nd VICE PRESIDENT NAME NAME ROBERTA AVELLA STREET ADDRESS STREET ADDRESS 468 GOLDEN ISLE DR. #401 CITY-ST-7IP CITY-ST-ZIP Hallandale, FL. 33009 TITLE Delete TITLE Change X Addition SECRETARY NAME NAME VALENTIMAVELLA STREET ADDRESS STREET ADDRESS 468 GALDEN ISLE DR. #401 CITY-ST-ZIP CITY-ST-7IP HALLANDALE, FL.33009 Delete TITLE ☐ Change Addition TREASURER NAME LARA GIANELLO STREET ADDRESS STREET ADDRESS 468 GOLDEN ISLE DR. #401 CITY-ST-ZIP CITY-ST-ZIP HALLANDALE, FL. 33009 ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

13. I hereby certify that the information supplied with this filling 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

ALMAN ACCOUNTING AND TAX SERVICE 423000006840

17290 N.E. 19TH AVENUE ~ NORTH MIAMI BEACH, FL 33162-2210
Phone 305-944-5353 ~ Fax 305-956-9554

122169

July 16, 2002

Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

Gentlemen:

I am enclosing herewith the Uniform Business Report for 2002 for VRONIA, INC.. Please accept the filing as current along with the enclosed check for \$150.00. The officers of the corporation are foreign nationals, and have been out of the country since the beginning of this year. There was noone to receive mail and take care of any timely filings. The mailing address is being changed to my address, so that future filings are made timely.

Thank you very much for your kind consideration.

Very truly yours,

Martin H. Alman, E.A.