

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90016 037 \*\*\*150.00

0204371 AV

**DOCUMENT # P94000022570**

1. Entity Name

**PORTO VITA CONSTRUCTION COMPANY**

Principal Place of Business

**PORTO VITA CONSTRUCTION  
20000 E. COUNTRY CLUB DR.  
AVENTURA FL 33180  
US**

Mailing Address

**701 BRICKELL AVENUE  
#3150  
MIAMI FL 33131  
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number

**65-0484149**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****GREEN DEVELOPMENT ASSOC.  
701 BRICKELL AVENUE  
STE. 3150  
MIAMI FL 33131****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.

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  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 Fee will be \$550.00  
Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE **D** ☐ Delete  
NAME **SOFER, JEFFREY**  
STREET ADDRESS **2875 NE 191ST ST.**  
CITY-ST-ZIP **AVENTURA FL 33180**TITLE **D** ☐ Delete  
NAME **COLOMBO, UGO**  
STREET ADDRESS **701 BRICKELL AVENUE SUITE 3150**  
CITY-ST-ZIP **MIAMI FL 33131**TITLE **AS** ☐ Delete  
NAME **RIDENHOUR, ESTHER F**  
STREET ADDRESS **701 BRICKELL AVE., SUITE 3150**  
CITY-ST-ZIP **MIAMI FL 33131**TITLE **S** ☒ Delete  
NAME **CHORON, RON**  
STREET ADDRESS **701 BRICKELL AVE., SUITE 3150**  
CITY-ST-ZIP **MIAMI FL 33131**TITLE **T** ☒ Delete  
NAME **KESSLER, STEVE**  
STREET ADDRESS **2875 NE 191 STREET**  
CITY-ST-ZIP **AVENTURA FL 33180**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☒ Change ☐ Addition  
NAME **Secretary**  
STREET ADDRESS **Bud Hall**  
CITY-ST-ZIP **2875 NE 191st St**  
**Aventura, FL 33180**TITLE ☒ Change ☐ Addition  
NAME **Treasurer**  
STREET ADDRESS **Arthur J Murphy**  
CITY-ST-ZIP **701 Brickell Ave #3150**  
**Miami, FL 33180**

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)