

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000009440

1. Entity Name

ZONA ALTA MIAMI, INC.

Principal Place of Business

8730 SW 133 AVE
317
MIAMI FL 33183

Mailing Address

8730 SW 133 AVE
317
MIAMI FL 33183

2. Principal Place of Business

11463 N.W. 34th St.

3. Mailing Address

11463 N.W. 34th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI - FLORIDA

City & State

MIAMI FLORIDA

4. FEI Number

65-0808031

Applied For

Not Applicable

Zip

Country

33178

USA

Zip

Country

33178

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VRILLAUD, ALBERTO D
8730 SW 133 AVE #317
MIAMI FL 33183

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. ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 **P** ☐ Delete
NAME **VRILLAUD, ALBERTO D**
STREET ADDRESS **8730 SW 133 AVE #317**
CITY-ST-ZIP **MIAMI FL 33183**

TITLE **V** ☐ Delete
NAME **VRILLAUD, PATRICIA M**
STREET ADDRESS **8730 SW 133 AVE #317**
CITY-ST-ZIP **MIAMI FL 33183**

TITLE **STD** ☒ Delete
NAME **TALAVERA, ULISES**
STREET ADDRESS **8730 SW 133 AVE #317**
CITY-ST-ZIP **MIAMI FL 33183**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **11463 NW - 34 St.**
CITY-ST-ZIP **MIAMI - FL - 33178**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **11463 NW - 34 St.**
CITY-ST-ZIP **MIAMI - FL 33178**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

02/14/01

Date

305 5982799

Daytime Phone #

CR2E034 (10/00)