FILED
Apr 29, 2003 8:00 am
Secretary of State
04-29-2003 90071 009 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000009440

1. Entity Name
ZONA ALTA MIAMI, INC.

100030326

Principal Place of Business	Mailing Address
15337 SW 61ST ST.	15337 SW 61ST ST.
MIAMI, FL 33193	MIAMI, FL 33193

2. Principal Place of Business	3. Mailing Address
11 CLEARVIEW BLVD	11 CLEARVIEW BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FT MYERS BEACH - FL	City & State: FT MYERS BEACH - FL
Zip: 33931 / Country: USA	Zip: 33931 / Country: USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-0808031 — Applied For / Not Applicable

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
VRILLAVD, ALBERTO D 15337 SW 61ST ST. MIAMI, FL 33193 11 CLEARVIEW BLVD FORT MYERS BEACH FL - 33931	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 _____
Signature, typed or printed name of registered agent and title if applicable. (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 Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	VRILLAUD, ALBERTO D	NAME	
STREET ADDRESS	15337 SW 61ST ST. 11 CLEARVIEW BLVD	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33193 FT MYERS BEACH FL - 33931	CITY-ST-ZIP	
TITLE	V ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	VRILLAUD, PATRICIA M	NAME	
STREET ADDRESS	15337 SW 61ST ST. 11 CLEARVIEW BLVD	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL-33193 FT MYERS BEACH FL - 33931	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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: ALBERTO VRILLAUD - PRESIDENT 04/25/03 (239) 463 7428
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #