## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 14, 2000 8:00 am DOCUMENT # 664946 1. Entity Name **Secretary of State** WALTER L. LISTA INC. 01-14-2000 90040 035 \*\*\*150.00 Mailing Address Principal Place of Business 6825 S.W. 81 STREET 6825 S.W. 81 STREET MIAMI FL 33143-7707 MIAMI FL 33143 5003**15** 2. Principal Place of Business 3. Mailing Address STREET <u>6813</u> SW 81 STREET 81 6813 5.W. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. SUITE Suite -Applied For City & State City & State 4. FEI Number 59-2004963 Not Applicable MIAMI MIAMI Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required usA 5 41 EE 3314 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LISTA, WALTER L Street Address (P.O. Box Number is Not Acceptable) 12961 DEVA STREET CORAL GABLES FL 33156 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change Delete TITLE TITLE LISTA, WALTER L. NAME NAME 12961 DEVA STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33156 Change ☐ Addition TITLE ☐ Delete LISTA, MARTA V NAME NAME STREET ADDRESS 12961 DEVA STREET STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP CORAL GABLES FL 33156 Change ☐ Addition ☐ Delete TITLE EDWARDS, ISABEL LISTA NAME NAME STREET ADDRESS 7224 SW 132 COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33183** ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

SIGNATURE:

CITY-ST-ZIP

CITY-ST-7/P

TITLE

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

1/5/00 305 665 7765

Daytime Phone #

Change

Addition