2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State
02-01-2001 90146 010 ***150.00

912020

DO NOT WRITE IN THIS SPACE

DOCUMENT # G38540

1. Entity Name
VISTA MAR MANAGEMENT, INC.

Principal Place of Business	Mailing Address
3401 NO COUNTRY CLUB DR SUITE 516 AVENTURA FL 33180	3401 NO COUNTRY CLUB DR SUITE 516 AVENTURA FL 33180

2. Principal Place of Business		3. Mailing Address	
3370 NE 190th St.		3370 NE 190th St.	
Suite, Apt. #, etc.: Suite 604		Suite, Apt. #, etc.: Suite #604	
City & State: Aventura, Fl.		City & State: Aventura, Fl.	
Zip: 33180	Country: U.S.A.	Zip: 33180	Country: USA

4. FEI Number 65-0478420 ☐ 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
SKLAR, LEONARD E. 3401 N. COUNTRY CLUB DR SUITE 516 AVENTURA FL 33180	Name: Sklar, Leonard E. Street Address (P.O. Box Number is Not Acceptable): 3370 NE 190th St. Suite #604 City: Aventura FL Zip Code: 33180

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: Leonard E. Sklar PD DATE: 01/25/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE	PD	☒ Change ☐ Addition
NAME	SKLAR, LEONARD E.		NAME	SKLAR, LEONARD E.	
STREET ADDRESS	3401 N CNTRY CLUB DR 516		STREET ADDRESS	3370 NE 190th St. 604	
CITY-ST-ZIP	AVENTURA FL		CITY-ST-ZIP	Aventura, Fl. 33180	
TITLE	V	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SKLAR, WILLIAM P		NAME		
STREET ADDRESS	7238 MONTRICO DR		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		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 (10/00)

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: Leonard E. Sklar PD Leonard E. Sklar PD 01/25/01 305-935-0764
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #