

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90112 003 ***150.00

DOCUMENT # L72813

1. Entity Name
BUENA VISTA PROPERTIES, INC.

Principal Place of Business SHAPO, FREEDMAN & BLOOM 200 S. BISCAYNE STE 4750 MIAMI FL 33131 US	Mailing Address LOEB, BLOCK & PARTNERS, LLP 505 PARK AVE 9TH FLOOR NEW YORK NY 10022-1106 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business LANGEN & LANGEN Suite, Apt. #, etc. 112 South Hibiscus Islands City & State Miami, Florida	3. Mailing Address Suite, Apt. #, etc. City & State
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4. FEI Number 65-0196834	Applied For <input type="checkbox"/> Not Applicable
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Zip 33139	Country U.S.A.	Zip	Country
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
LANGEN & LANGEN, P.A.
112 SOUTH HIBISCUS ISLAND
MIAMI FL 33139

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 _____ (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, 2000 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 PD	NAME BLOOM, LEONARD H	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 200 S BISCAYNE BLVD STE 4750	CITY-ST-ZIP MIAMI FL 33131	
TITLE SD	NAME WACKSMAN, LEONARD	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 505 PARK AVE	CITY-ST-ZIP NEW YORK NY	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP	NAME LINDA MASSAC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS THE TROPIC ISLE BLDG. WICKHAMS CAY	CITY-ST-ZIP ROAD TOWN, TORTOLA, BVI	
TITLE DVPT	NAME GATH A.T. HEWLETT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS THE TROPIC ISLE BLDG. WICKHAMS CAY	CITY-ST-ZIP ROAD TOWN, TORTOLA, BVI	
TITLE DS	NAME MYRTHLYN PENN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS THE TROPIC ISLE BLDG. WICKHAMS CAY	CITY-ST-ZIP ROAD TOWN, TORTOLA, BVI	
TITLE AS	NAME LEONARD WACKSMAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 505 PARK AVENUE 9TH FLOOR	CITY-ST-ZIP NEW YORK, NY 10022	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Leonard Wacksman **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034(9/99)