## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # L81699** May 26, 2000 8:00 am Secretary of State 1. Entity Name VISTA HOLDINGS, INC. 05-26-2000 90075 019 \*\*\*150.00 Principal Place of Business Mailing Address 8890 SW 129 TERRACE 8890 SW 129 TERRACE MIAMI FL 33176-5945 MIAMI FL 33176 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number City & State City & State Applied For 65-0200962 Not Applicable - Country -Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BIRENBAUM, MARTIN Street Address (P.O. Box Number is Not Acceptable) 8890 SW 129 TERR MIAMI FL 33176 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (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 PTD TIT! F TITLE ☐ Delete BIRENBAUM, ROBERT NAME 8890 SW 129 TERR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33176** ☐ Change ☐ Addition ☐ Delete TITLE TITLE HOROWITZ, ARTHUR NAME NAME STREET ADDRESS 7760 GLENDEVON LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL ☐ Addition ☐ Change ☐ Delete TITLE BIRENBAUM, DAVID NAME NAME STREET ADDRESS 8890 SW 129 TERR STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP **MIAMI FL 33176** ☐ Change ☐ Addition ☐ Delete TITLE BIRENBAUM, MARTIN NAME NAME 8890 SW 129 TERR STREET ADDRESS STREET ADDRESS CJTY - SJ - ZJP CITY-ST-ZIP **MIAMI FL 33176** ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITI F 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

SIGNATURE:

CITY-ST-ZIP

TED NAME OF SIGNING OFFICER OR DIRECTOR