

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0298994
AV

DOCUMENT # L81699

1. Entity Name
VISTA HOLDINGS, INC.



FILED
03 SEP -9 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**8890 SW 129 TERRACE
MIAMI FL 33176**

Mailing Address
**8890 SW 129 TERRACE
MIAMI FL 33176**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 560902
Suite, Apt. #, etc.

City & State
miami FL

Zip
33256

4. FEI Number **65-0200962**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BIRENBAUM, MARTIN
8890 SW 129 TERR
MIAMI FL 33176**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BIRENBAUM, ROBERT 8890 SW 129 TERR MIAMI FL 33176	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOROWITZ, ARTHUR 7760 GLENDEVON LANE DELRAY BEACH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BIRENBAUM, DAVID 8890 SW 129 TERR MIAMI FL 33176	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BIRENBAUM, MARTIN 8890 SW 129 TERR MIAMI FL 33176	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	800022883328 09/09/03--01057--009 **150.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	800022883328 09/09/03--01057--010 **400.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
4/25/03 305.2348811
Date Daytime Phone #

CR2E034 (10/02)