

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90115 001 \*\*\*150.00  
 05-16-2001 90115 002 \*\*\*\*\*8.75

**DOCUMENT # P0000046857**

1. Entity Name  
**VISTAFLO CORP**

Principal Place of Business      Mailing Address  
 701 Brickell Avenue      701 Brickell Avenue  
 Suite 3000      Suite 3000  
 Miami Florida 33131      Miami Florida 33131

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State      City & State Miami, FL      4. FEI Number      Applied For  
 65-1015262      Not Applicable

Zip      Country      Zip 33131      Country      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

**INTRASTATE REGISTERED AGENT CORPORATION**  
 701 Brickell Ave., Ste. 3000  
 Miami, Florida 33131

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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.  **FILE NOW!!! FEE IS \$150.00 After MAY 11 2000 Fee will be \$350.00 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP / MCALLISTER, ALVARO<br>C/O VISTAFLO CORPORATION<br>701 BRICKELL AVENUE, STE. 3000<br>MIAMI, FLORIDA 33131<br><input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DV / RODRIGUEZ, JUANITA M.<br>C/O VISTAFLO CORPORATION<br>701 BRICKELL AVENUE, STE. 3000<br>MIAMI, FLORIDA 33131<br><input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D / MCALLISTER, CARLOS<br>C/O VISTAFLO CORPORATION<br>701 BRICKELL AVENUE, STE. 3000<br>MIAMI, FLORIDA 33131<br><input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D / FONSECA, FERNANDO<br>C/O VISTAFLO CORPORATION<br>701 BRICKELL AVENUE, STE. 3000<br>MIAMI, FLORIDA 33131<br><input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|  | DT / MCALLISTER, CATALINA<br>C/O VISTAFLO CORPORATION<br>701 BRICKELL AVENUE, STE. 3000<br>MIAMI, FLORIDA 33131<br><input type="checkbox"/>         |   | <input type="checkbox"/> <input type="checkbox"/>                 |
|  | S / MCDOWELL, NORA<br>C/O VISTAFLO CORPORATION<br>701 BRICKELL AVENUE, STE. 3000<br>MIAMI, FLORIDA 33131<br><input type="checkbox"/>                |   | <input type="checkbox"/> <input type="checkbox"/>                 |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 assignment with and address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ Date: 4/25/01 Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)