

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 29, 2000 8:00 am**
Secretary of State

03-29-2000 90001 014 ***150.00

DOCUMENT # P93000037009

1. Entity Name

VISTAVIEW DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

% VISTAVIEW APTS
17094 COLLINS AVE #104
MIAMI BEACH FL 33160% VISTAVIEW APTS
17094 COLLINS AVE #104
MIAMI BEACH FL 33160-3636

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

~~50-1400000~~
63-8429819

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****WILDSTEIN, LEON**
17094 COLLINS AVE
APT 104
MIAMI BEACH FL 33160

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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 State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PD			
	WILDSTEIN, LEON	3577 ATWATER AVE, #615	MONTREAL, QUEBEC CA H3H 2RZ	
	VD			
	TEICH, EMANUEL	5950 CAVENDISH PH4	COTE ST LUC, QUEBEC CA H4W225	
	STD			
	LESNIAK, STEPHEN	7 COLCHESTER RD	HAMSTEAD, QUEBEC CA	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-00

Date

305-945-1050

Daytime Phone #

CR2E034 (9/99)