

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90221 039 \*\*\*150.00

**DOCUMENT # P93000037009**



1. Entity Name  
**VISTAVIEW DEVELOPMENT, INC.**

Principal Place of Business  
**% VISTAVIEW APTS  
17094 COLLINS AVE #104  
MIAMI BEACH FL 33160**

Mailing Address  
**% VISTAVIEW APTS  
17094 COLLINS AVE #104  
MIAMI BEACH FL 33160**



2. Principal Place of Business  
**17094 COLLINS AVE**

3. Mailing Address  
**17094 COLLINS AVE**

CHECK HERE IF MAKING CHANGES

City & State  
**SUNNY ISLES BEACH FL**

City & State  
**SUNNY ISLES BEACH FL**

4. FEI Number **65-0429819**

Applied For  
 Not Applicable

Zip **33160**

Country

Zip **33160**

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

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

SIGNATURE

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

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/03

Date

Daytime Phone #

(305) 945-1050

CR2E034 (10/02)