

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90012 032 ****61.25

DOCUMENT # 755998

1. Corporation Name

TIERRA VISTA, INC.

Principal Place of Business

5722 S FLAMINGO RD
BOX 232
COOPER CITY FL 33330
US

Mailing Address

5722 S FLAMINGO RD
BOX 232
COOPER CITY FL 33330
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

01/22/1981

4. FEI Number

59-2116629

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

HUCK, MAUREEN
17838 N W 15TH COURT
PEMBROKE PINES 33302

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **SAXENA, K.K.**
STREET ADDRESS **12205 GARDEN DR.**
CITY-ST-ZIP **COOPER CITY FL**

TITLE **D** ☐ DELETE
NAME **COLLUM, ROBERT I**
STREET ADDRESS **2653 BACCAROT DR.**
CITY-ST-ZIP **COOPER CITY FL**

TITLE **TD** ☐ DELETE
NAME **PEKAREK, RENEE**
STREET ADDRESS **11725 KIMMIE DR.**
CITY-ST-ZIP **COOPER CITY FL**

TITLE **SD** ☐ DELETE
NAME **KZRSTON, MARY J**
STREET ADDRESS **2695 AZALZA DR.**
CITY-ST-ZIP **COOPER CITY FL**

TITLE **VD** ☐ DELETE
NAME **LAZAR, JEROME**
STREET ADDRESS **2820 EGRET WAY**
CITY-ST-ZIP **COOPER CITY FL**

TITLE **D** ☐ DELETE
NAME **SPAK, ROBERT**
STREET ADDRESS **12200 GARDEN DR.**
CITY-ST-ZIP **COOPER CITY FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **Robert Spak**
1.3 STREET ADDRESS **12200 Garden Dr**
1.4 CITY-ST-ZIP **Cooper City, FL 33026**

2.1 TITLE **D** ☐ Change ☐ Addition
2.2 NAME **Ed Lawrence**
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE **VD** ☒ Change ☐ Addition
5.2 NAME **David Sahar**
5.3 STREET ADDRESS **2880 Azalza Dr**
5.4 CITY-ST-ZIP **Cooper City, FL 33026**

6.1 TITLE **D** ☒ Change ☐ Addition
6.2 NAME **Ed Lawrence**
6.3 STREET ADDRESS **2703 Garden Dr**
6.4 CITY-ST-ZIP **Cooper City FL 33026**

14. 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 annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

RENEE PEKAREK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D. Pekarek

2/18/99

(305) 500-4798

Date

Daytime Phone #

CR2E037 (11/98)