

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90072 040 ****61.25

DOCUMENT # 755998

1. Entity Name

TIERRA VISTA, INC.

Principal Place of Business

Mailing Address

5722 S FLAMINGO RD
BOX 232
COOPER CITY FL 33330
US

5722 S FLAMINGO RD
BOX 232
COOPER CITY FL 33330-3206
US

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

59-2116629

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

Name

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

City

FL

Zip Code

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

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

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SPAK, ROBERT	
STREET ADDRESS	12200 GARDEN DR	
CITY-ST-ZIP	COOPER CITY FL 33026	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLLUM, ROBERT I	
STREET ADDRESS	2653 BACCAROT DR.	
CITY-ST-ZIP	COOPER CITY FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PEKAREK, RENEE	
STREET ADDRESS	11725 KIMMIE DR.	
CITY-ST-ZIP	COOPER CITY FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KZRSTON, MARY J	
STREET ADDRESS	2695 AZALZA DR.	
CITY-ST-ZIP	COOPER CITY FL	
TITLE	SCHOR, DAVID	<input type="checkbox"/> Delete
NAME	SCHOR, DAVID	
STREET ADDRESS	2880 AZALEA DR	
CITY-ST-ZIP	COOPER CITY FL 33026	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAWRENCE, ED	
STREET ADDRESS	2703 GARDEN DR	
CITY-ST-ZIP	COOPER CITY FL 33026	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Julie Howlett	
STREET ADDRESS	2740 Egret	
CITY-ST-ZIP	Cooper City FL. 33026	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ronald Zielinski	
STREET ADDRESS	12285 Garden Dr.	
CITY-ST-ZIP	Cooper City, FL. 33026	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 617, 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: SIGATURE OF DIRECTOR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/00

(305) 500-4798

Date

Daytime Phone #

CR2E037 (9/99)