

2001 UNIFORM BUSINESS REPORT (UBR)

0004647 AF

DOCUMENT # **A22642**
1. Entity Name
VISTA ASSOCIATES, LTD.

FILED
01 APR 23 PM 12:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business **Mailing Address**
5446 NORTH BAY ROAD **P.O. BOX 402097**
MIAMI BEACH FL 33140 **MIAMI BEACH FL 33140**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2779117** **Applied For**
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FLORIDA KIDS CORPORATION
5446 NORTH BAY ROAD
MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

9. Capital Contributions as Shown on record. **\$980.00** **10. Amount of Capital Contributions in FLORIDA to date.** **11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	485045	STREET ADDRESS	
NAME	FLORIDA KIDS CORP.	CITY-ST-ZIP	
STREET ADDRESS	5446 NORTH BAY ROAD		
CITY-ST-ZIP	MIAMI BEACH FL		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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CITY-ST-ZIP			

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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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** **SAR GLOTTMANN** **1-29-01 (305) 868-5131**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **PRESIDENT** Date Daytime Phone #

CR2E003 (11/00)