

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A30221

1. Entity Name

VISTA FLORIDA, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY 25 PM 1:33



DO NOT WRITE IN THIS SPACE

Principal Place of Business
9200 SOUTH DADELAND BLVD
SUITE 425
MIAMI FL 33156

Mailing Address
8890 SW 129 TERR
MIAMI FL 33176-5945

2. Principal Place of Business

8890 SW 129 Terr.

3. Mailing Address

Suite, Apt. #, etc.

City & State
Miami, FL

City & State

4. FEI Number 65-0200965

Applied For

Not Applicable

Zip
33176

Country

Zip

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

BIRENBAUM, DAVID
8890 SW 129 TERR
MIAMI FL 33176

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. Capital Contributions
as Shown on record.

\$7,500.00

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 # L81694
NAME VISTA FLORIDA, INC.
STREET ADDRESS 9200 S DADELAND BLVD 517
CITY - ST - ZIP MIAMI FL

STREET ADDRESS

CITY - ST - ZIP

300003266699-3
-05/25/00--01063--009
****150.00 ****150.00

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CITY - ST - ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #