

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90106 039 ***150.00

DOCUMENT # H 38906

1. Entity Name

NU-VISTA INC

DO NOT WRITE IN THIS SPACE

421662

2. Principal Place of Business

16000 Double Eagle Tr.

Suite, Apt. #, etc.

3. Mailing Address

16000 Double Eagle Tr.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Delray Beach, FL

City & State

Delray Beach FL

4. FEI Number

221920536

Applied For

Not Applicable

Zip

33446

Country

U.S.A.

Zip

33446

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

MANUEL CASTELO

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

16000 Double Eagle Tr.

City

Delray Beach

FL

Zip Code

33446

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

Manuel Castelo

2-18-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☒
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
LEONORA CASTELO
16000 Double Eagle Tr.
Delray Beach, 33446

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY
MANUEL CASTELO
16000 Double Eagle Tr.
Delray Beach, 33446

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Manuel Castelo

MANUEL CASTELO

2-18-02

581
495-0060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)