

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90001 043 \*\*\*\*50.00

**DOCUMENT # L01000015805**

1. Entity Name

**VISTA INVESTMENTS ENTERPRISE, L.L.C.**



Principal Place of Business

**8725 WITTEN WOOD COVE  
ORLANDO FL 32836**

Mailing Address

**8725 WITTEN WOOD COVE  
ORLANDO FL 32836**

2. Principal Place of Business

**6119 W. IRLO BRONSON**

3. Mailing Address

**6119 W. IRLO BRONSON**

Suite, Apt. #, etc.

**MEM. HWY.**

Suite, Apt. #, etc.

**MEM. HWY.**

City & State

**KISSIMMEE FL**

City & State

**KISSIMMEE FL**

Zip

**34747 ORA**

Country

**USA**

Zip

**34747**

Country

**USA**

4. FEI Number

**59-3743273**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**JAVAI, TARIQ  
8725 WITTEN WOOD COVE  
ORLANDO FL 32836**

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. I am familiar with, and accept the obligations of registered agent.

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 \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
NAME **JAVAI, TARIQ**  
STREET ADDRESS **8725 WITTEN WOOD COVE**  
CITY-ST-ZIP **ORLANDO FL 32836**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition  
NAME **JAVAI, TARIQ**  
STREET ADDRESS **6119 W. IRLO BRONSON MEM. HWY.**  
CITY-ST-ZIP **KISSIMMEE FL 34747**

TITLE **MGRM** ☐ Change ☒ Addition  
NAME **FAIZA JAVAI**  
STREET ADDRESS **6119 W. IRLO BRONSON MEM. HWY.**  
CITY-ST-ZIP **KISSIMMEE FL 34747**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**03/10/03 407-423-2371**

Date

Daytime Phone #

CR2E083 (10/02)