

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0301829 AV

DOCUMENT # L81694

1. Entity Name  
VISTA FLORIDA, INC.FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 SEP 24 PM 2:56

Principal Place of Business  
8890 SW 129 TERRACE  
MIAMI FL 33176Mailing Address  
8890 SW 129 TERRACE  
MIAMI FL 33176

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City &amp; State

City &amp; State

miami FL

4. FEI Number

65-0200959

Applied For

Not Applicable

Zip

Country

Zip

Country

33256

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, MARTIN  
8890 SW 129 TER  
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. 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 \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State9. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPT  
NAME BIRENBAUM, ROBERT  
STREET ADDRESS 8890 SW 129 TERR  
CITY-ST-ZIP MIAMI FL ☐ DeleteTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 800023303168  
09/24/03-01034-003 \*\*550.00 ☐ Change ☐ AdditionTITLE DV  
NAME HOROWITZ, ARTHUR  
STREET ADDRESS 7706 GLENDEVON LANE  
CITY-ST-ZIP DELRAY BEACH FL ☐ DeleteTITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIPTITLE ☐ Delete  
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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 607, 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: REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4/25/03

7/25/03

CR2E034 (10/02)