

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 09, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90980 048 \*\*\*150.00

**DOCUMENT # P00000095862**

1. Entity Name  
**VESTA INTERNATIONAL CORPORATION**



Principal Place of Business  
**5900 COLLINS AVENUE  
1206  
MIAMI BEACH FL 33140**

Mailing Address  
**5900 COLLINS AVENUE  
1206  
MIAMI BEACH FL 33140**

**55047319**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1135580**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SANCHEZ DE VARONA, RAUL J ESQ  
1320 SOUTH DIXIE HIGHWAY  
GABLES ONE TOWER SUITE 280  
CORAL GABLES FL 33146**

Name: **Eva Wiesner**  
Street Address (P.O. Box Number is Not Acceptable): **5900 Collins Avenue Unit 1206**  
City: **Miami** FL Zip Code: **33140**

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: *Eva Wiesner* DATE: *June 3/03*  
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. 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	PD	<input type="checkbox"/> Delete
NAME	<b>DIAZ WIESNER, EVA</b>	
STREET ADDRESS	<b>5900 COLLINS AVENUE #1206</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33140</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Eva Wiesner</b>	
STREET ADDRESS	<b>5900 Collins Avenue #1206</b>	
CITY-ST-ZIP	<b>Miami Beach FL 33140</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Eva Wiesner* Director *01/30/03* 305 8675763  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)