

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

Mar 11, 2003 8:00 am
Secretary of State
03-11-2003 90133 003 ***150.00

DOCUMENT # P 010000 **04778**
1. Entity Name
AltaVista Group, Inc.



90047350

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9473 Abbott Ave #1

3. Mailing Address
Same

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.
#1

Suite, Apt. #, etc.

4. FEI Number
010561446

Applied For
☐ Not Applicable

City & State
Surfside Miami Beach

City & State
FLORIDA

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

Zip
33154

Country
USA

Zip
33154

Country
USA

7. Name and Address of Current Registered Agent

**DO NOT WRITE
IN THIS SPACE**

Name
Juan G. AltaVista
Street Address (P.O. Box Number is Not Acceptable)
9473 Abbott Ave #1
Surfside
City
Miami Beach FL Zip Code
33154

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 **Juan G. AltaVista**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-15-03
DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
AltaVista, Juan G.
9473 Abbott Ave #1
Miami Beach FL 33154**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 897, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **Juan G. AltaVista**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
1-15-03

Daytime Phone #
(305) 867-9187

CR2EC34B (1/2/02)