

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 25, 2003 8:00 am**  
**Secretary of State**

08-25-2003 90111 014 \*\*\*550.00

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**DOCUMENT # P02000038897**

1. Entity Name

**BELLA VISTA TECH, INC.**



Principal Place of Business

**222 LAKEVIEW AVENUE SUITE 260  
WEST PALM BEACH FL 33401**

Mailing Address

**222 LAKEVIEW AVENUE SUITE 260  
WEST PALM BEACH FL 33401**

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

**04-3669099**

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

**KOEPEL, JOEL P  
222 LAKEVIEW AVENUE SUITE 260  
WEST PALM BEACH FL 33401**

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 \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**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  
NAME

**D**

☐ Delete

STREET ADDRESS  
CITY-ST-ZIP

**222 LAKEVIEW AVENUE SUITE 260  
WEST PALM BEACH FL 33401**

TITLE  
NAME

**PRESIDENT**

☐ Delete

STREET ADDRESS  
CITY-ST-ZIP

**RICHARD P. KOEPEL  
19935 N.E. 39TH PLACE  
AVENTURA, FL 33180**

TITLE  
NAME

**VICE-PRESIDENT**

☐ Delete

STREET ADDRESS  
CITY-ST-ZIP

**SUSAN KOEPEL  
19935 N.E. 39TH PLACE  
AVENTURA, FL 33180**

TITLE  
NAME

☐ Delete

STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME

☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

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NAME

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8-12-03 561-659-4020**

Date

Daytime Phone #

CR2E034 (4/03)