

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000004729

1. Entity Name

VALLE VISTA, INC.

Principal Place of Business

2665 SOUTH BAYSHORE DR.  
SUITE 800  
MIAMI FL 33133

Mailing Address

2665 SOUTH BAYSHORE DR.  
SUITE 800  
MIAMI FL 33133-5401

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 65-0384175

Applied For  
Not Applied

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

6. Name and Address of Current Registered Agent

~~KLEIN, PETER W~~  
2665 S. BAYSHORE DR.  
SUITE 800  
MIAMI FL 33133

7. Name and Address of New Registered Agent

Name Maria C. Callejas  
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.

SIGNATURE

Maria C Callejas

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/6/00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Added to Fees

11. OFFICERS AND DIRECTORS

TITLE DPCE  
NAME POWELL, EARL W  
STREET ADDRESS 2665 S. BAYSHORE DR., SUITE 800  
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE DC  
NAME GEORGE, PHILLIP T MD  
STREET ADDRESS 2665 S. BAYSHORE DR., SUITE 800  
CITY-ST-ZIP MIAMI FL 33133 ☐ Delete

TITLE S  
NAME KLEIN, PETER W  
STREET ADDRESS 2665 S. BAYSHORE DR., SUITE 800  
CITY-ST-ZIP MIAMI FL 33133 ☒ Delete

TITLE VP/S/T  
NAME ANDERSON, BRYSON J  
STREET ADDRESS 2665 SOUTH BAYSHORE DR., SUITE 800  
CITY-ST-ZIP MIAMI FL 33133 ☐ Delete

TITLE AS  
NAME KUFFER, MARILYN D.  
STREET ADDRESS 2665 S. BAYSHORE DRIVE, SUITE 800  
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ \*\*\*  
3000003111943--8  
-01/26/00--01114--015  
\*\*\*\*150.00 \*\*\*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ \*\*\*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ \*\*\*

TITLE VP/S/T  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ \*\*\*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ \*\*\*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ \*\*\*

13. 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 11 or Block 12 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Marilyn D. Kuffer  
Signature and typed or printed name of signing officer or director  
Marilyn D. Kuffer, Asst. Sec.

Date

Daytime Phone #

1-12-00

TS

FILED

00 JAN 18 PM 2:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE