

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90221 039 ***150.00

DOCUMENT # P93000037009

1. Entity Name
VISTAVIEW DEVELOPMENT, INC.



Principal Place of Business

% VISTAVIEW APTS
17094 COLLINS AVE #104
MIAMI BEACH FL 33160

Mailing Address

% VISTAVIEW APTS
17094 COLLINS AVE #104
MIAMI BEACH FL 33160

2. Principal Place of Business

17094 COLLINS AVE

3. Mailing Address

17094 COLLINS AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SUNNY ISLES BEACH FL

City & State

SUNNY ISLES BEACH FL

Zip

33160

Country

Zip

33160

Country

4. FEI Number 65-0429819

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILDSTEIN, LEON
17094 COLLINS AVE
APT 104
MIAMI BEACH FL 33160

7. Name and Address of New Registered Agent

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 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 ☐ Delete
NAME WILDSTEIN, LEON
STREET ADDRESS 3577 ATWATER AVE, #615
CITY-ST-ZIP MONTREAL, QUEBEC CA H3H 2R2

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME TEICH, EMANUEL
STREET ADDRESS 5950 CAVENDISH PH4
CITY-ST-ZIP COTE ST LUC, QUEBEC CA H4W225

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☐ Delete
NAME LESNIAK, STEPHEN
STREET ADDRESS 7 COLCHESTER RD
CITY-ST-ZIP HAMSTEAD, QUEBEC CA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)