

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000079745

1. Entity Name

VISTA DEVELOPMENT, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90146 044 ***150.00

Principal Place of Business

Mailing Address

5703 SW 85TH STREET
MIAMI FL 33143
US

P.O. BOX 143410
CORAL GABLES FL 33114-3410
US

2. Principal Place of Business

3. Mailing Address

4960 S.W. 72 AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 400

City & State

City & State

MIAMI, FLORIDA

Zip

Country

Zip

Country

33155

USA

4. FEI Number

65-0578130

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MICHAEL CHRISTOPHER
5703 SW 85TH STREET
MIAMI FL 33143

Name

Street Address (P.O. Box Number is Not Acceptable)

4960 S.W. 72 AVE.

SUITE 400

City

MIAMI,

FL

Zip Code

33155

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME
PDS
MICHEAL C. CHRISTOPHER
STREET ADDRESS
5703 SW 85TH STREET
CITY-ST-ZIP
MIAMI FL 33143

TITLE ☐ Change ☐ Addition
NAME
NAME
STREET ADDRESS
4960 S.W. 72 AVE., SUITE 400
CITY-ST-ZIP
MIAMI, FLORIDA 33155

TITLE ☐ Delete
NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael C. Christopher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 25, 2000 (305) 662-1421
Date Daytime Phone #

CR2E034 (9/99)