

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000037153

1. Entity Name
VISTA CONVENTION SERVICES-SOUTH, INC.

FILED

01 DEC 17 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
300 ARTHUR GODFREY ROAD, STE. 202
MIAMI BEACH FL 33140

Mailing Address
231 WEST GLENCOVE AVENUE
NORTHFIELD NJ 08225

2. Principal Place of Business
300 ARTHUR GODFREY ROAD, STE. 202
Suite, Apt. #, etc.

3. Mailing Address
231 WEST GLENCOVE AVENUE
Suite, Apt. #, etc.

City & State
MIAMI BEACH, FLORIDA
Zip
33140
Country
USA

City & State
NORTHFIELD, NJ
Zip
08225
Country
USA

4. FEI Number
65-0665386

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DUPUIS, HARRY
300 ARTHUR GODFREY ROAD, STE. 202
MIAMI BEACH FL 33140

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.

SIGNATURE: *Edward J King*

Registered Agent
12/8/01

(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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE P
NAME KING, EDWARD J
STREET ADDRESS 6804 DELILAH ROAD
CITY-ST-ZIP PLEASANTVILLE NJ 08232

TITLE VP
NAME NELSON, RAYMOND
STREET ADDRESS 6804 DELILAH ROAD
CITY-ST-ZIP PLEASANTVILLE NJ 08232

TITLE S
NAME YARD, DARLENE
STREET ADDRESS 6804 DELILAH ROAD
CITY-ST-ZIP PLEASANTVILLE NJ 08232

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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: *Edward J King*

11/09/01 (609) 485-2421

0137061 AB

CR2E034 (5/01)

REINSTATEMENT 2001