2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2000 8:00 am
Secretary of State
02-22-2000 90054 038 ***150.00

DOCUMENT # P96000080124

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DO NOT WRITE IN THIS SPACE

1. Entity Name
VISTA HEAVEN CORP.

Principal Place of Business	Mailing Address
6320 E 4 Ave. Hialeah Fl 33013	6320 E 4 Ave Hialeah Fl 33013

2. Principal Place of Business	3. Mailing Address
16511 SW 75 St.	16511 SW 75 St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI. FL.	City & State: MIAMI. FL.
Zip: 33193 Country:	Zip: 33193 Country:

4. FEI Number: 65-0699651 ☐ 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
STABILE CECILIA 6320 E 4 Ave. HIALEAH. Fl. 33013	Name Street Address (P.O. Box Number is Not Acceptable): 16511 SW 75 St City: MIAMI **FL** Zip Code: 33193

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: ⊗ Vicente Stabile — DATE: 2/11/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD STABILE VICENTE 6320 E 4 Ave. Hialeah Fl	☐ Delete	PD. STABILE VICENTE 16511 SW 75 St. MIAMI. Fl. 33193	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD STABILE CECILIA 6320 E 4 Ave. Hialeah Fl.	☐ Delete	SD. STABILE CECILIA 16511 SW 75 St. MIAMI. Fl. 33193	☒ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: ⊗ Vicente Stabile — Date: 2/10/2000 — Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR