

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Dec 16, 2002 8:00 A.M.
Secretary of State

DOCUMENT # P96000080560

1. Entity Name

WinVista Corporation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 951 Broken Sound Parkway Suite, Apt. #, etc. Suite 115 City & State Boca Raton, FL Zip 33487 Country USA		3. Mailing Address 4155 Blackhawk Plaza Circle Suite, Apt. #, etc. Suite 200 City & State Danville, CA Zip 94506 Country USA	
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DO NOT WRITE IN THIS SPACE
11-14-02 01089 001 \$150.00

4. FEI Number 65-0767599	Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Mark J. Bryn
Street Address (P.O. Box Number is Not Acceptable) 2 South Biscayne Blvd, Suite 2680
City Miami
FL Zip Code 33131

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 resigning)

DATE _____

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

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	C/O Fields, Michael B. 4155 Blackhawk Plaza Circle, Suite 200 Danville, CA 94506
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/D Tielens, Steven 951 Broken Sound Parkway, Suite 115 Boca Raton, FL 33487
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Morrow Susan 26 Beech Grove, Benton New Castle Upon Tyne, UK NE12 8LA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P Rowe, William A. 951 Broken Sound Parkway, Suite 115 Boca Raton, FL 33487
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Leonard, Wayne 951 Broken Sound Parkway, Suite 115 Boca Raton, FL 33487
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Clifford, William 870 Cognewaugh Rd Cos Cob, CT 06807

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IN THIS SPACE**

12/18

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Michelle E. Jueds*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Originally dated 12 Nov 02

Date

Daytime Phone #

CR2E034B (12/01)

Continuation Sheet

11. Officers and Directors

Title	V/S
Name	Fields, Michelle E.
Street Address	4155 Blackhawk Plaza Circle, Suite 200
City – St- Zip	Danville, CA 94506