

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000046855

1. Entity Name

VISTA RESTAURANT GROUP, INC.

FILED

Feb 15, 2001 8:00 am  
Secretary of State

02-15-2001 90045 040 \*\*\*150.00

Principal Place of Business

965 N NOB HILL ROAD  
SUITE 141  
PLANTATION FL 33324

Mailing Address

965 N NOB HILL ROAD  
SUITE 141  
PLANTATION FL 33324

2. Principal Place of Business

3325 S. University Dr.  
Suite 107  
Davie, FL 33328

3. Mailing Address

Same



DO NOT WRITE IN THIS SPACE

City & State

Davie, FL 33328

City & State

Zip

33328

Country

USA

Country

USA

4. FEI Number

65-0843119

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCHATZ, RACHARD E  
STEARNS WEAVER MILLER ET AL  
150 W FLAGLER ST 2200  
MIAMI FL 33130

7. Name and Address of New Registered Agent

Name

David H. Sheir

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

3325 S. University Dr.

Suite 107

City

Davie FL

FL

Zip Code

33328

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, 2001 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	PT	<input type="checkbox"/> Delete
NAME	SHEIR, DAVID	
STREET ADDRESS	965 N NOB HILL ROAD STE 141	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	VPS	<input checked="" type="checkbox"/> Delete
NAME	METZKES, MICHAEL	
STREET ADDRESS	965 N NOB HILL ROAD STE 141	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3325 S. University Dr., Suite 107	
STREET ADDRESS	Davie, FL 33328	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David H. Sheir Pres. 2-10-01

Date

Daytime Phone #

954-507-7474

CR2E034 (10/00)