

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000046861

1. Entity Name

VISTA CAPITAL CORPORATION

Principal Place of Business

965 N NOB HILL ROAD
PMB 141
PLANTATION FL 33324

Mailing Address

965 N NOB HILL ROAD
PMB 141
PLANTATION FL 33324

2. Principal Place of Business

3325 S. University DR.

Suite, Apt. #, etc.

Suite 107

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Davie, FL

City & State

Zip

Country

Zip

Country

33320

USA

Zip

Country

4. FEI Number 65-0843299

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHATZ, RICHARD E
STEARNS WEAVER MILLER ET AL
150 W FLAGLER ST STE 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

Zip Code

33320

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

David H. Sheir President

President

2-10-01

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

TITLE PT
NAME SHEIR, DAVID
STREET ADDRESS 965 N NOB HILL RD, PMB 141
CITY-ST-ZIP PLANTATION FL 33324 ☐ Delete

TITLE VPS
NAME METZKES, MICHAEL
STREET ADDRESS 965 N NOB HILL RD, PMB 141
CITY-ST-ZIP PLANTATION FL 33324 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 3325 S. University Dr., Suite 107
CITY-ST-ZIP Davie, FL 33320 ☒ Change ☐ Addition

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-10-01

954-587-7474

CR2E034 (10/00)

0288164

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90045 048 ***150.00



DO NOT WRITE IN THIS SPACE