## 2000 UNIFORM BUSINESS REPORT (UBR) FILED May 21, 2000 8:00 am Secretary of State DOCUMENT # **P98000049856** 1. Entity Name VISTA CUSTOM HOMES, INC. 05-21-2000 90010 042 \*\*\*150.00 Principal Place of Business Mailing Address 3900 BONAVENTURE BLVD. BONAVENTURE BLVD. WESTON PL 33332 WESTON-FL 33332-2113 Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0837481 Not Applicable Miramar Country \$8.75 Additional Zip Zip 5. Certificate of Status Desired 33029 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BELL, RICHARD Street Address (P.O. Box Number is Not Acceptable) 11981 PICCADILLY PLACE DAVIE FL 33325 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change TITLE ☐ Delete TITLE 187 Terrace BELLET, MICHAEL NAME 3120 S.W. 3900 BONAVENTURE BLVD STREET ADDRESS STREET ADDRESS Miramar, CITY-ST-7IP CITY-ST-ZIP FT-LAUDERDALE FL 33332 ☐ Delete TITLE 3120 S.W. 187 Terrace **BELL, RICHARD** NAME NAME 3900 BONAVENTURE BLVD-STREET ADDRESS STREET ADDRESS miramar, FC CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33332-TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 perport 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 trusfee 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 addless, with all other like empowered.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

TITLE

STREET ADDRESS

IJŜ

☐ Delete