

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000065040

1. Entity Name

VISTA DEL LAGO I, INC.

FILED

Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90217 007 ***158.75

Principal Place of Business 9921 W OKEECHOBEE ROAD STE 136A HIALEAH FL 33016	Mailing Address 9921 W OKEECHOBEE ROAD STE 136A HIALEAH FL 33016-2133
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address 2189 W 60th	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 205	
City & State		City & State Hialeah FL	
Zip	Country	Zip	Country
33016		33016	USA

4. FEI Number 65-0855922	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CONTRERAS, GILBERT 1401 PONCE DE LEON BLVD PHI CORAL GABLES FL 33134		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D FERRO, MARIO SR 9921 W OKEECHOBEE ROAD STE 136A HIALEAH FL 33016	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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] 1/18/00 305 556 4282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)