2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

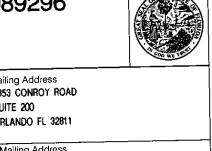
OCUMENT

SIGNATURE:

P98000089296

Entity Name

VISTA PROPERTIES VIII, INC.



FILED Feb 21, 2003 8:00 am Secretary of State 02-21-2003 90857 049 ***150.00

2/18/03 (401)339-4408 Date Dayline Phone #

ncipal Place of Business 33 CONROY ROAD ITE 200 PLANDO FL 32811	Mailing Address 5353 CONROY ROAD SUITE 200 ORLANDO FL 32811		
Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES
City & State	City & State		4. FEI Number 59-3539331 Applied For Not Applicable
Zip Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Curre	nt Registered Agent		7. Name and Address of New Registered Agent
0. 11.		Name	
valbh, anil		Street Address	s (P.O. Box Number is Not Acceptable)
5353 CONROY ROAD		-	
SUITE 200 ORLANDO FL 32811		City	FL Zip Code
The above named entity submits this statement the obligations of registered agent GNATURE Signature, type of printed name of registered agent	1/10/2	s registered office or register. ANIL VALE TE: Registered Agent signature requ	tered agent, or both, in the State of Florida. I am familiar with, and accept 2/18/03 DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 lake Check Payable to Florida Departmen	00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
	ND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TILE VP AME PATEL, NIMESHKUMAR H S353 CONROY ROAD, SUITE	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TLE PSD VALBH, ANIL IREET ADDRESS 5353 CONROY ROAD, SUITE	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TY-ST-ZIP ORLANDO FL 32811		TITLE	
TLE AME TREET ADDRESS	□ 'Delête	NAME STREET ADDRESS CITY-ST-ZIP	
ITY-ST-ZIP ITLE IAME	☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition
ITREET ADDRESS OTY-ST-ZIP		CITY-ST-ZIP	
ITLE	Delete	. TITLE NAME	☐ Change ☐ Addition
NAME STREET ADDRESS		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition
12. I hereby certify that the information supplied indicated on this report or supplemental report for the corporation or the receiver or trustee changed, or on an attachment with an additional contents.	empowered to execute this repo	ort as required by Chapter	in Section 119.07(3)(i), Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director r 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

WE REQUINTMESH