

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000095234

1. Entity Name

VISTA VACATIONS INTERNATIONAL, INC.

Principal Place of Business

5653 NW 29TH ST
MARGATE FL 33063

Mailing Address

5653 NW 29TH ST
MARGATE FL 33063-1531

2. Principal Place of Business

5653 NW 29th St

Suite, Apt. #, etc.

3. Mailing Address

5653 NW 29th St

Suite, Apt. #, etc.

City & State

Margate, FL

Zip

33063

Country

Broward

City & State

Margate, FL

Zip

33063

Country

Broward

4. FEI Number

65-0877427

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NADLER, TERI E
6645 NW 48TH MANOR
CORAL SPRINGS FL 33067

7. Name and Address of New Registered Agent

Name: Teri NADLER

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

6645 NW 48th Manor

City: Coral Springs

FL

Zip Code

33067

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, 2000 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	PCEO	<input type="checkbox"/> Delete
NAME	NADLER, TERI	
STREET ADDRESS	6645 NW 48TH MANOR	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	
TITLE	VGC	<input type="checkbox"/> Delete
NAME	MCGILL, SCOTT	
STREET ADDRESS	155 N MAIN ST	
CITY-ST-ZIP	NEW CITY NY 10956	
TITLE	CS	<input type="checkbox"/> Delete
NAME	TORREALBA, ALICIA	
STREET ADDRESS	1965 S OCEAN DR APT 2-5	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	CT	<input type="checkbox"/> Delete
NAME	HICKMAN, JEAN	
STREET ADDRESS	3780 SW 19TH ST	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90057 039 ***158.75



DO NOT WRITE IN THIS SPACE

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