

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90212 009 ***150.00

DOCUMENT # P98000095234

1. Entity Name
VISTA VACATIONS INTERNATIONAL, INC.



Principal Place of Business
**6645 NW 48TH MANOR
CORAL SPRINGS FL 33067**

Mailing Address
**6645 NW 48TH MANOR
CORAL SPRINGS FL 33067**

2. Principal Place of Business

**2131 Hollywood Blvd
Suite 508**

3. Mailing Address

**2131 Hollywood Blvd
Suite 508**

City & State
Hollywood, Fla

City & State
Hollywood, Fla

Zip Country
33020 USA

Zip Country
33020 USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0877427** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PCEO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NADLER, TERI		NAME		
STREET ADDRESS	6645 NW 48TH MANOR		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33067		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKMAN, JEAN		NAME		
STREET ADDRESS	1960 SW 81ST APT 203		STREET ADDRESS		
CITY-ST-ZIP	N. LAUDERDALE FL 33068		CITY-ST-ZIP		
TITLE	CT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKMAN, JEAN		NAME		
STREET ADDRESS	3780 SW 19TH ST		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33312		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03
Date Daytime Phone #

CR2E034 (10/02)