1/26/00-90128-013-$150.00-$150.00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000030497

1. Entity Name

VISTA MART, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -3 AM 10:45

Principal Place of Business	Mailing Address
3292 POLYNESIAN ISLE BOULEVARD KISSIMMEE FL 34746	3292 POLYNESIAN ISLE BOULEVARD KISSIMMEE FL 34746-4629

2. Principal Place of Business
3. Mailing Address
Suite, Apt. #, etc.
Suite, Apt. #, etc.
City & State
City & State
Zip | Country
Zip | Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3565804 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SHAFIE, MOHAMMED R
4763 CASONCOVE DRIVE, #1207
ORLANDO FL 34746

7. Name and Address of New Registered Agent

Name Mohammed R. Shafie
Street Address (P.O. Box Number is Not Acceptable) 13036 Mulberry Pk Dr. #425
City Orlando FL Zip Code 32821

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] Jan 18, 00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST SHAFIE, MOHAMMED R 4763 CASON COVE DRIVE, #1207 ORLANDO FL 32811	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres Mohammed Shafie 13036 Mulberry pk Dr #425 Orlando, FL 32821	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAFIE, MOHAMMED R 4763 CASON COVE DRIVE, #1207 ORLANDO FL 32811	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS 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 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] REQUIRED Jan 18, 00
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #