

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000094710

1. Entity Name

ALTA VISTA INVESTMENTS & DEVELOPMENT, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90192 039 ***150.00

638662

DO NOT WRITE IN THIS SPACE

Principal Place of Business
1200 BRICKELL AVE
SUITE 900
MIAMI, FL 33131
US.

Mailing Address
1643 BRICKELL AVE
SUITE 3205
MIAMI, FL 33129-1243
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0987654

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOSE MARIA CARNEIRO DA CUNHA
1643 BRICKELL AVE, # 3205
MIAMI, FL 33129

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

JOSE MARIA CARNEIRO DA CUNHA

JOSE MARIA CARNEIRO DA CUNHA 3/30/2000

(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	D	<input type="checkbox"/> Delete
NAME	RONALDO JORGE FLANK	
STREET ADDRESS	705 CRANDON BLVD, SUITE PH-5	
CITY-ST-ZIP	KEY BISCAYNE, FL 33149	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHRISTIANE THEREZE THILL	
STREET ADDRESS	705 CRANDON BLVD, SUITE PH-5	
CITY-ST-ZIP	KEY BISCAYNE, FL 33149	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 all other like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONALDO JORGE FLANK

Date

4/17/2000

Daytime Phone #

(305) 373-4991

CR2E034 (9/99)