2002 Uniform Business Report (UBR)

Mar 14, 2002 8:00 am § DOCUMENT # S63031 **Secretary of State** 1. Entity Name BUENA VISTA SERVICES, INC. 03-14-2002 90015 025 ***158.75 Principal Place of Business Mailing Address 8206 LEESBURG PIKE 8801 LEESBURG PIKE STE. 405 VIENNA VA 22182 VIENNA VA 22182 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 58-1953369 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent .Name___ PALUMBO, P.M., JR. Street Address (P.O. Box Number is Not Acceptable) 2100 SOUTH OCEAN LANE APT. 2510 FORT LAUDERDALE FL 33316 City 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 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (9/01) TITLE ☐ Delete TITLE ☐ Addition NAME NAME AHBE, MARGARET STREET ADDRESS STREET ADDRESS 8801 LEESBURG PIKE CITY-ST-ZIP CITY-ST-ZIP VIENNA VA 22182 TITLE ☐ Delete TITLE ☐ Change Addition TD NAME NAME LESHINSKY, MELVYN STREET ADDRESS STREET ADDRESS 6116 EXECUTIVE BLVD. CITY-ST-ZIP CITY-ST-ZIP ROCKVILLE MD 20852 TITLE Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

March 4 2002 (703) 790-0504 Dave Daytime Phone # Marcarch Chile Signing Officer or Director

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: