

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000008360

1. Entity Name

AMERIPOINT CORP.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90058 040 ***150.00

Principal Place of Business

Mailing Address

2506 PONCE DE LEON BLVD
CORAL GABLES FL 33134
US

2506 PONCE DE LEON BLVD
CORAL GABLES FL 33134-6013
US

2. Principal Place of Business

400 KINGS POINT DRIVE

3. Mailing Address

400 KINGS POINT DRIVE

Suite, Apt. #, etc.

NO 211

Suite, Apt. #, etc.

NO 211, MIAMI BEACH

City & State

MIAMI BEACH, FLA

City & State

FLORIDA,

Zip

33160

Country

MIAMI DADE

Zip

33160

Country

MIAMI DADE



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0465343

Applied For

Not Applicable

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

PEREZ-GINART, DAVID
210-174TH STREET
NO #2212
MIAMI BEACH FL 33160

Name

DAVID PEREZ

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

400 KINGS POINT DRIVE NO 211

City

MIAMI BEACH,

FL

Zip Code

33160

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 State of Florida

DAVID PEREZ

Signature of New Registered Agent signature required when reinstating

DATE

4-29-2000

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	P	<input checked="" type="checkbox"/> Delete
NAME	PEREZ-GINART, DAVID	
STREET ADDRESS	210-174TH STREET, #2212	
CITY-ST-ZIP	MIAMI BEACH FL 33160	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID PEREZ	
STREET ADDRESS	400 KINGS POINT DRIVE NO 211	
CITY-ST-ZIP	MIAMI BEACH, FLA. 33160	
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
NAME		
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 all other like empowered.

SIGNATURE: ☒

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID PEREZ-GINART

Date

4-29-2000

Daytime Phone #

CR2E034 (9/99)