

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90028 029 ***150.00

DOCUMENT # P960000 84870
1. Entity Name
VANTAGE POINT OFFICE CENTER INC.

Principal Place of Business Mailing Address
4699 N. FEDERAL HWY 10321 EL PARAISO PL
POMPANO BCH, DELRAY BCH,
FL. 33064 FL. 33446

C0049822

DO NOT WRITE IN THIS SPACE

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

4. FEI Number 65-0701624
Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
KRZYAK, EDWARD L.
10321 EL PARAISO PL.
DELRAY BCH, FL. 33446

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City City State 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 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, 2001 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
TITLE P/D
NAME KRZYAK, EDWARD L.
STREET ADDRESS 1032 EL PARAISO PL.
CITY-ST-ZIP DELRAY BCH, FL. 33446
TITLE VP/D
NAME KRZYAK, NANETTE
STREET ADDRESS 10321 EL PARAISO PL
CITY-ST-ZIP DELRAY BCH, FL. 33446

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE Change 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-01 561-4965758
Date Daytime Phone #

CR2E034 (11/00)