

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90055 019 ***150.00

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1. Entity Name

PORPOISE POINT SECTION 5 INC



Principal Place of Business

**POST OFFICE BOX 430325
SOUTH MIAMI FL 33243**

Mailing Address

**POST OFFICE BOX 430325
SOUTH MIAMI FL 33243**

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

59-1295218

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

MERCIER, ALBIN

6291 SW 78 ST / APT 211

S. MIAMI FL 33243

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

T
NAME
MERCIER, ALBIN
STREET ADDRESS
6241 S3W 78 ST. APT. 211
CITY-ST-ZIP
SO. MIAMI FL

☐ Delete

VP
NAME
LOY, TERRY
STREET ADDRESS
10331 SW 199 ST
CITY-ST-ZIP
MIAMI FL 33157-8508

☐ Delete

P
NAME
HENRY F FOUNDAS
STREET ADDRESS
1720 SW 92 CR
CITY-ST-ZIP
MIAMI FL

☒ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Change ☐ Addition

☐ Change ☐ Addition

P
NAME
HENRY F. FOUNDAS
STREET ADDRESS
5300 WASHINGTON ST APT 322T
CITY-ST-ZIP
HOLLYWOOD FL 33021

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Henry F. Foundas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/03 9548948319

CR2E034 (10/02)