

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90386 025 ***150.00

DOCUMENT # 354061

1. Entity Name
EXECUTIVE POINT, INC.

Principal Place of Business

**6917 COLLINS AVENUE
 MIAMI BEACH FL 33141**

Mailing Address

**6917 COLLINS AVENUE
 MIAMI BEACH FL 33141**



2. Principal Place of Business

1250 E. Hallandale Beach Blvd.

Suite, Apt. #, etc.

Suite 300

City & State

Hallandale Florida

Zip

33009

Country

US

3. Mailing Address

1250 E. Hallandale Beach Blvd.

Suite, Apt. #, etc.

Suite 300

City & State

Hallandale Florida

Zip

33009

Country

US

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1366464

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

NESTOR, BRENDA

6917 COLLINS AVENUE

SUITE 1811

MIAMI BEACH FL 33141

7. Name and Address of New Registered Agent

Name

Brenda Nestor

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

1250 E. Hallandale Beach Blvd.

Suite 300

City

Hallandale

FL

Zip Code

33009

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.

Brenda Nestor / President

(NOTE: Registered Agent signature required when reinstating)

DATE

4/5/02

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, 2002 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	D	<input type="checkbox"/> Delete
NAME	COLVIN, MELVIN R	
STREET ADDRESS	6917 COLLINS AVE	
CITY-ST-ZIP	MIAMI BCH, FL 0 33141	
TITLE	S	<input type="checkbox"/> Delete
NAME	LAUNER, BLANCHE S	
STREET ADDRESS	6917 COLLINS AVE.	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	PDT	<input type="checkbox"/> Delete
NAME	NESTOR, BRENDA	
STREET ADDRESS	6917 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	FIELD, USA M	
STREET ADDRESS	6917 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Vice-Chairman/ExVp/AT/AS/Dir	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1250 E. Hallandale Beach Blvd. Suite 300	
CITY-ST-ZIP	Hallandale Florida 33009	
TITLE	Secretary/ Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1250 E. Hallandale Beach Blvd. Suite 300	
CITY-ST-ZIP	Hallandale, Florida 33009	
TITLE	Chairman/Pres/CEO/AT/AS/Dir.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1250 E. Hallandale Beach Blvd. Suite 300	
CITY-ST-ZIP	Hallandale, Florida 33009	
TITLE	CFO/AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McGann, Edward T;	
STREET ADDRESS	1250 E. Hallandale Beach Blvd. Suite 300	
CITY-ST-ZIP	Hallandale, Florida 33009	
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
Brenda Nestor / President

Date

4/5/02

Deadline Phone #

954-458-4343

CR2E034 (9/01)