

**2002 UNIFORM BUSINESS REPORT (UBR)**

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

02/23/79 AV

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
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2. Principal Place of Business 1250 E. Hallandale Beach Blvd. Suite, Apt. #, etc. Suite 300 City & State Hallandale Florida	3. Mailing Address 1250 E. Hallandale Beach Blvd. Suite, Apt. #, etc. Suite 300 City & State Hallandale Florida
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DO NOT WRITE IN THIS SPACE

Zip 33009	Country US	Zip 33009	Country US
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4. FEI Number 59-1366464	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**NESTOR, BRENDA**  
**6917 COLLINS AVENUE**  
**SUITE 1611**  
**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 *Brenda Nestor*  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  
**Brenda Nestor / President** 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>COLVIN, MELVIN R</b> <b>6917 COLLINS AVE</b> <b>MIAMI BCH, FL 0 33141</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>LAUNER, BLANCHE S</b> <b>6917 COLLINS AVE.</b> <b>MIAMI BEACH FL 33141</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDT</b> <b>NESTOR, BRENDA</b> <b>6917 COLLINS AVE</b> <b>MIAMI BEACH FL 33141</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>FIELD, LISA M</b> <b>6917 COLLINS AVE</b> <b>MIAMI BEACH FL 33141</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice-Chairman/ExVp/AT/AS/Dir</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1250 E. Hallandale Beach Blvd. Suite 300</b> <b>Hallandale Florida 33009</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary/ Treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1250 E. Hallandale Beach Blvd. Suite 300</b> <b>Hallandale, Florida 33009</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Chairman/Pres/CEO/AT/AS/Dir.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1250 E. Hallandale Beach Blvd. Suite 300</b> <b>Hallandale, Florida 33009</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO/AT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>McGann, Edward T;</b> <b>1250 E. Hallandale Beach Blvd. Suite 300</b> <b>Hallandale, Florida 33009</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Brenda Nestor*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Brenda Nestor / President** Date **4/5/02** Daudine Phone # **954-458-4343**

CP2E034 (9/01)