

# 2001 UNIFORM BUSINESS REPORT (UBR)

0004516 AF

DOCUMENT # **A92000000020**

1. Entity Name

**SANDPOINT FINANCIAL, LTD.**

FILED

01 APR 16 PM 4:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**MJH**

DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>404 WASHINGTON AVE., STE. 120 MIAMI BEACH FL 33139</b>	Mailing Address <b>404 WASHINGTON AVE., STE. 120 MIAMI BEACH FL 33139</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>65-0373065</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent  <b>HART, BRIAN A C/O THOMSON MURARO RAZOOK &amp; HART, P.A. ONE SE 3RD AVENUE, 17TH FLOOR MIAMI FL 33131</b>	7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. <b>\$4,008,528.03</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>5,511,511.41</b>	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # <b>P96000093031</b>	NAME <b>SANDPOINT FINANCIAL CORP.</b>	STREET ADDRESS	
STREET ADDRESS <b>404 WASHINGTON AVE., STE. 120</b>	CITY-ST-ZIP <b>MIAMI BEACH FL 33139</b>	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
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DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *H. Bernstein, V.P.* **8/29/01 305 532 2519**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **H. BERNSTEIN, V.P.** Date Daytime Phone #

CR2E003 (11/00)