

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000000097**

1. Entity Name
WEST POINT HOLDINGS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 28 PM 12:06

Principal Place of Business
**C/O A.J. PERRI
9726 W. SAMPLE RD.
CORAL SPRINGS FL 33065**

Mailing Address
**C/O A.J. PERRI
9726 W. SAMPLE RD.
CORAL SPRINGS FL 33065-4004**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0525630		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
PERRI, ANTHONY J 9726 W SAMPLE RD CORAL SPRINGS FL 33065				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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record: **\$99,000.00**

10. Amount of Capital Contributions in FLORIDA to date: **\$10,000.00**

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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 #	PERRI, ANTHONY J 9726 W. SAMPLE ROAD CORAL SPRINGS FL 33065	STREET ADDRESS	300003271263-7 -05/31/00--01014--014 ****158.75 ****158.75
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
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: **ANTHONY J. PERRI** (954) 755-8755
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date **4/26/00** Daytime Phone #