

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000225

1. Entity Name

THE POINT MANAGEMENT, L.L.C.

FILED

Principal Place of Business

2911 GRAND AVENUE, SUITE 4A
MIAMI FL 33133

Mailing Address

2911 GRAND AVENUE, SUITE 4A
MIAMI FL 33133

01 OCT -4 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1148 Woodruff Road

3. Mailing Address

1148 Woodruff Road

Suite, Apt. #, etc.

B-100

Suite, Apt. #, etc.

B-100

City & State

Greenville, SC

City & State

Greenville, SC

Zip

Country

29607

USA

Zip

Country

29607

USA

4. FEI Number

65-1125075

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

EAGLETON, JAMES
2911 GRAND AVENUE, SUITE 4A
MIAMI FL 33133

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001

600004637106--2
-10/15/01--01079--009
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
Gilles Helou
1148 Woodruff Road, #b-100
Greenville, SC 29607 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
James Eagleton
2911 Grand Avenue, 4-A
Miami, Florida 33133 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
Guy Kathe
1148 Woodruff Road #B-100
Greenville, SC 29607 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

9-1-01 385 46-1944

CP2E083 (5/01)