

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVE
AND
FILED

01 MAY -3 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000006325

1. Entity Name
POINT DIREX.COM, L.L.C.

Principal Place of Business
200 S. ORANGE AVENUE, SUITE ~~2800~~ 1300
ORLANDO FL 32801

Mailing Address
200 S. ORANGE AVENUE, SUITE ~~2800~~ 1300
ORLANDO FL 32801



2. Principal Place of Business
Suite, Apt. #, etc.
Suite 1300

3. Mailing Address
Suite, Apt. #, etc.
Suite 1300

City & State

DO NOT WRITE IN THIS SPACE

Zip Country Zip Country

4. FEI Number ☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KHANANI, M. OWAIS
200 S. ORANGE AVENUE, SUITE ~~2800~~ 1300
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite 1300
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 M. Ovais Khanani 4-30-01
Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00.
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KHANANI, M. SALEEM 200 S. ORANGE AVENUE, SUITE 2800 1300 ORLANDO FL 32801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KHANANI, M. OWAIS 200 S. ORANGE AVENUE, SUITE 2800 1300 ORLANDO FL 32801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KHANANI, M. HANI 200 S. ORANGE AVENUE, SUITE 2800 1300 ORLANDO FL 32801	<input 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

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Suite 1300	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Suite 1300	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Suite 1300	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	0000004335650--0 -05/31/01--01041--021 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: M. Ovais Khanani 4-30-01 407/540-9191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

0006368 AF

CR2E083 (11/00)