

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L000000006589

1. Entity Name  
Point Direx Securities, L.L.C.

FILED

01 MAY -3 PM 1:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
200 S. Orange Ave. Suite 1424 Orlando, FL 32801  
200 S. Orange Ave. Suite 1300 Orlando, FL 32801

600004336876--4  
-05/31/01--01094--020  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

2. Principal Place of Business Suite, Apt. #, etc.  
3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 59-3615459 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
Khanani, M. Owais  
200 S. Orange Ave., Suite 1300  
Orlando, FL 32801

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

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, 2001 Fee will be \$550.00 Make Check Payable to Department of State

Renewal - Original Form Lost  
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  
MGRM Khanani, M. Saleem 200 S. Orange Ave., Suite 1300 Orlando, FL 32801 ☐ Delete  
MGRM Khanani, M. Owais 200 S. Orange Ave., Suite 1300 Orlando, FL 32801 ☐ Delete  
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete  
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete  
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition  
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition  
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☒ Addition  
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition  
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ 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: m. c. wais Khanani 4-30-01 407/540-9191  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylong Phone #

CR2E034 (11/00)