## 2002 LIMITED LIABILITY COMPANY

## UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

L01000002158

05-07-2002 90393 001 \*\*\*\*50.00

FILED

May 07, 2002 8:00 am Secretary of State

E-POINT NETWORKS, LLC

## DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 633 NE 167 STREET 3. Mailing Address 633 NE 167 STREET Suite, Apt. #, etc. Suite, Apt. #, etc. 1001 City & State N. MIAMI BEACH, FL City & State N. MJAMI BEACH, FL <del>Zi</del>n62 Country 33<sup>1</sup>62 Country 956150

Applied For

\$5.00 Additional

Fee Required

Not Applicable

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7. Name and Address of Current	Registered Agent
Name SAMUELS, BRUCE	
Street Address (P.O. Box Number is Not Acceptable 633 NF 167 STREET #1001	)

N. MIAMI BEACH

4. FEI Number 101533

5. Certificate of Status Desired

33 f62°

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

FEE IS \$50.00 Make Check Payable to Department of State **DUE BY MAY 1** 

City

9. MANAGING MEMBERS/MANAGERS HANAGING MEMBER. TITLE BLICE SAMUELS 633 NE 167H ST. \$1,801 NAME NAME STREET ADDRESS STREET ADDRESS N. MIAMI BEACH, FI-33162 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE

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 discute this report as required by Chapter 608, Florida Statutes.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

MANAGING MEMBOX MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE