2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Aug 13, 2003 8:00 am Secretary of State 08-13-2003 90049 004 ****50.00

DOCU 1. Entity Nam POINT LOT		32768			08-13-2003 9		730.00	
Principal Plac	e of Business	Mailing Address		10170076				
2313 SW 57TH TERRACE		2313 SW 57TH TERRACE HOLLYWOOD FL 33023						
2. Principal P	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		4240 Caty Dream DI Stite, Apt. #, etc. # 1704		· · · · · ·	CHECK HERE IF MAKING CHANGES			
City & State		City & State / AUDVEDONE		4. FEI Number 65-117204 2			Applied For Not Applicable	
Zip	Country	33308	Country	5. Certificate of St		\$5.00	titional	
	6. Name and Address of Current	Registered Agent ~		7Name and Add	ress of New Registe	red Agent]
	PORATION-SERVICE-COMPANY- HAYS STREET		Name Street Address ((P.O. Box Number is Not Acceptable)			
TALLAHASSEE FL 32301-2525		•	42	40 GAT	Oceph.	Dr.#1	104	
3 The shave			City-	SUDERDA	VE	FL 399	308	
the obligat	named entity submits this statement for	or the purpose of changing its re	agistered office of regis	tered agent, or both, in t	ne State of Fiorida.	am ramiliar with,	and accept	
SIGNATURE .	Signature appearting the or registeres appear	and title applicable. (NOTE: F	Registered Agent signature requ	red when reinstating)		ATE		1
200 200 200		Make Check Payable Due By S	september 24, 2003	ent of State				•
9	MANAGING MEMBE		10.		ADDITIONS/CHAN			~
NAME STREET ADDRESS CITY-ST-ZIP	MANAGER STEPHEN VITIELLS YEND GAIT OCEAN TT. LAUDERDALE	Dr #1704	NAME STREET ADDRESS CITY-ST-ZIP		. 1	☐ Change	Addition	CR2E083 (4/03)
TITLE ' NAME STREET ADDRESS CITY-ST-ZIP	MANABER DOMINICK MARZAND 4240 BALT OCEAN DE \$1704 FT. LAUDCEDALE FL 3330P		TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	5
TITLE NAME STREET ADDRESS' CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	•		☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Oelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
11. I hereby of indicated limited liab	certify that the information supplied with on this report is true and accurate and bility company or the receiver or trustee	this filing does not qualify for the that my signature shall have the empowered to execute this rep	e exemption stated in the same legal effect as if sort as required by Cha	Section 119.07(3)(i), Flor made under oath; that I pter 608, Florida Statute	ida Statutes. I further am a managing mer s.	certify that the inf mber or manager	formation of the	
SIGNAT	URE:	WILL STORY	ICU) SER, OR AUTHORIZED REPRE	SENTATIVE O	1/20/03	(957)3	25-827	1