

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90458 028 ***158.75

DOCUMENT # L91222

1. Entity Name

PUNCT-US, INC.

Principal Place of Business

1400 E NEWPORT CENTER DRIVE
 SUITE 209
 DEERFIELD BEACH FL 33442
 US

Mailing Address

1400 E NEWPORT CTR. DRIVE
 SUITE 209
 DEERFIELD BEACH FL 33442-7713
 US

2. Principal Place of Business

1350 E. Newport Center

Suite, Apt. #, etc.

Ste 206

City & State

Deerfield Beach, FL

Zip

33442

Country

USA

3. Mailing Address

PO BOX 4219

Suite, Apt. #, etc.

City & State

Deerfield Beach, FL

Zip

33442-4219

Country

USA

4. FEI Number

65-0264892

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**KAY, JAMES R.
 777 SOUTH FLAGLER DR EAST OWER
 SUITE 900
 W. PALM BEACH FL 33401**

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, 2000 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	VSTD	<input type="checkbox"/> Delete
NAME	REIBLING, GUENTHER	
STREET ADDRESS	1400 E NEWPORT CENTER DRIVE, #209	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	REIBLING, LORENZ	
STREET ADDRESS	1400 E NEWPORT CENTER DR., #209	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1350 E. Newport Center Dr. Ste 206
CITY-ST-ZIP	Deerfield Beach, FL 33442
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1350 E. Newport Center Dr. Ste 206
CITY-ST-ZIP	Deerfield Beach, FL 33442
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Linda G. Kassof

REQUIRED Linda G. Kassof 4/27/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)