

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -6 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

L99000006342

1. Entity Name

POINT DIREX, L.L.C.

Principal Place of Business

200 S. ORANGE AVE,
1540
ORLANDO, FL. 32801

Mailing Address

200 S. ORANGE AVE
SUITE 1540
ORLANDO, FL. 32801

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-2511929

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

M. OWAIS KHANANI
200 S. ORANGE AVE,
SUITE 1540
ORLANDO, FL. 32801

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

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGMR ☐ Delete
NAME M. SALEEM KHANANI
STREET ADDRESS 200 S. ORANGE AVE, # 1540
CITY-ST-ZIP ORLANDO, FL. 32801

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGMR ☐ Delete
NAME M. OWAIS KHANANI
STREET ADDRESS 200 S. ORANGE AVE, # 1540
CITY-ST-ZIP ORLANDO, FL. 32801

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 200003273632--2
CITY-ST-ZIP -06/01/00--01053--023

TITLE MGMR ☐ Delete
NAME M. HANI KHANANI
STREET ADDRESS 200 S. ORANGE AVE, # 1540
CITY-ST-ZIP ORLANDO, FL. 32801

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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. Owais Khanani

M. OWAIS KHANANI - MGMR

04.28.00 (407) 648 4898

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (1/199)