## 2001 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # M78178** 1. Entity Name POINT MARCO DEVELOPMENT CORPORATION Principal Place of Business Mailing Address 365 5TH AVE SO 365 5TH AVE S STE 20 1 STE 201 NAPLES FL 34102 NAPLES FL 34102 U\$ US

## FILED May 16, 2001 8:00 am Secretary of State

05-16-2001 90196 026 \*\*\*150.00

000010



2. Principal Place of Business			3. Mailing Address c/o David Nassif			f Co.				
Suite, Apt. #, etc.			195 Worcester Street Suite, Apt. #, etc. Suite 301				DO NOT WRITE IN THIS SPACE			
City & State			City & State Wellesley Hills, MA			4. f	4. FEI Number 58-1793493 Applied Not App			
Zip				Country USA		5. (		S8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
ANTARAMIAN, JACK 365 5TH AVE SO STE 201 SUITE 6 NAPLES FL 34102					Name Street Address (P.O. Box Number is Not Acceptable)					
					City FL Zip Code					
SIGNATURE _	Signature, typed of	r submits this statement for t or printed name of registered agent and ble to satisfy its intangible	i title if applicable. (NO	TE: Registered	ed office or reg		ent, or both, in the State of Florida.  DATE  10. Election Campaign Financing	<b>\$</b> E 1	<b>)0</b> May Be	
	equirement a ia on back)	nd elects to do so.	After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta			State	Trust Fund Contribution.	Ådde	d to Fees	
11.		OFFICERS AND D	RECTORS	12.		AD	DITIONS/CHANGES TO OFFICERS AND D	DIRECTOR		
NAME STREET ADDRESS		AN, JACK J. VE, S, STE#201 L 34102	☐ Delete		l l			□ Change	☐ Addition	
	VD Delete  NASSIE DAVID E.  365 5TH AVE S, STE #201  NAPLES FL 34102		NAMI Stre	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  195 W  195 W  196 W  197 W  198 W  19		☑ Change ☐ Addition Worcester Street-Suite 301 esley Hills, MAO2481				
STREET ADDRESS	S WEINSTEIN 125 SUMM BOSTON N		☐ Delete					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete				{	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	artify that the	information supplied with the	☐ Delete	CITY-	ET ADDRESS ST-ZIP	in Section 1	[ 119.07(3)(i), Florida Statutes. I further certif	Change	Addition	

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: DAVID E. NASSIF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR