05/16/2001 10:55 3056701168 WILSONSC

FILED
Jun 14, 2001 8:00 am
Secretary of State

05-03-2001 90065 050 ***150.00
06-14-2001 90011 002 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000017170

1. Entity Name

POINT INVESTMENT & REAL ESTATE MANAGEMENT, INC.

A0073150

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
150 S.E. 12TH ST., STE. 200 FT. ALUDERDALE FL 33316	150 S.E. 12TH ST., STE. 200 FT. ALUDERDALE FL 33316

2. Principal Place of Business	3. Mailing Address
9500 S. Dadeland Blvd.	9500 S. Dadeland Blvd.
Suite, Apt. #, etc. Ste 700	Suite, Apt. #, etc. Ste 700
City & State Miami - Florida	City & State Miami - Florida
Zip 33156 Country Dade	Zip 33156 Country Dade

4. FEI Number 65-1003019 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PETTIT, CHARLES
150 S.E. 12TH ST., STE. 200
FT. ALUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name Donald D. Wilson, Jr.
Street Address (P.O. Box Number is Not Acceptable) 9500 S. Dadeland Blvd #700
City Miami FL Zip Code 33156

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] 4/23/01
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, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PETTIT, CHARLES 150 S.E. 12TH ST., STE. 200 FT. ALUDERDALE FL 33316 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR ANDREW MEHZER 6301 COLLINS AVE MIAMI FL 33141 ☐ Change ☑ Addition
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
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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 6/7/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)