

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90113 040 \*\*\*150.00

DOCUMENT # P00000031202

1. Entity Name

AGGRESSIVE POINT, INC

**DO NOT WRITE IN THIS SPACE**

000101

2. Principal Place of Business

777 NW 72 AVE

Suite, Apt. #, etc.

SUITE 3D-6

City & State

MIAMI, FL

3. Mailing Address

2301 SW 161 AVENUE

Suite, Apt. #, etc.

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0991397

Applied For

Not Applicable

Zip

33126

Country

USA

Zip

33007

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

ADRIANA NARVAEZ

Street Address (P.O. Box Number is Not Acceptable)

777 NW 72 AVE # 3D-6

City MIAMI

FL

Zip Code

33126

**DO NOT WRITE  
IN THIS SPACE**

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

Adriana Narvaez

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/02

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
NARVAEZ, ADRIANA  
777 NW 72nd AVENUE # 3D-6  
MIAMI, FL 33126

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
JD  
RUBEN MARTINO  
777 NW 72nd AVENUE # 3D-6  
MIAMI, FL 33126

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Adriana Narvaez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/10/02

Daytime Phone #

(305) 265-9222