

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90160 035 \*\*\*150.00

**DOCUMENT # P00000037733**

1. Entity Name

**POINT RESIDENTS EDUCATIONAL PROJECT, CORP.**

Principal Place of Business

**C/O ALLEN WERNECK 21150 POINT PL. #1603  
 AVENTURA FL 33180**

Mailing Address

**C/O ALLEN WERNECK 21150 POINT PL. #1603  
 AVENTURA FL 33180**

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

**65-0958210**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WERNECK, A. ALLEN  
 21150 POINT PL. #1603  
 AVENTURA FL 33180**

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, 2002 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 **C**  
 STREET ADDRESS **LAWRENCE, BELINDA**  
 CITY-ST-ZIP **21150 POINT PL. #2503  
 AVENTURA FL 33180** ☐ Delete

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

TITLE  
 NAME **P**  
 STREET ADDRESS **WERNECK, A. ALLEN**  
 CITY-ST-ZIP **21150 POINT PL. #2503  
 AVENTURA FL 33180** ☐ Delete

TITLE  
 NAME **PRESIDENT AND TREASURER** ☐ Change ☐ Addition  
 STREET ADDRESS **SAME**  
 CITY-ST-ZIP

TITLE  
 NAME **V**  
 STREET ADDRESS **RAPP, RANDI**  
 CITY-ST-ZIP **21201 POINT PL.  
 AVENTURA FL 33180** ☐ Delete

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

TITLE  
 NAME **D**  
 STREET ADDRESS **BREGMAN, SUE**  
 CITY-ST-ZIP **21150 POINT PL. #803  
 AVENTURE FL 33180** ☐ Delete

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

TITLE  
 NAME **D**  
 STREET ADDRESS **FELSHER, ANNA**  
 CITY-ST-ZIP **21150 POINT PL. #602  
 AVENTURA FL 33180** ☒ Delete

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

TITLE  
 NAME **S**  
 STREET ADDRESS **KLINT-WERNECK, RIITTA SUSANNA**  
 CITY-ST-ZIP **21150 POINT PL. #1603  
 AVENTURA FL 33180** ☐ Delete

TITLE  
 NAME ☐ Change ☐ Addition  
 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/16/02**  
 Date

**305 933-0286**  
 Daytime Phone #

CR2E034 (9/01)