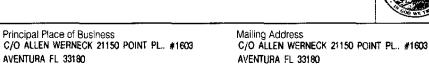
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P00000037733 DOCUMENT

1. Entity Name POINT RESIDENTS EDUCATIONAL PROJECT, CORP.



FILED	33
FILED lay 29, 2003 8:00 am	3545
Secretary of State	Ŧ
05 20 2003 00132 034 ***150 00	

2. Principal Place of Business		3. Mailing Address					0		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. F	FEI Number 65-0958210	\- 	pplied For ot Applicable	
Zip	Country	Zip	Coun	try	5. (Certificate of Status Desired	\$8.75 Ac	Iditional	
 _	6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent					
WERNECK, A. ALLEN				Name					
21150 PO	INT PL., #1603			Street Address (P.O. Box Number is Not Acceptable)					
AVENTUR	A FL 33180								
				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. I am familiar with, and accept the obligations of registered agent.									
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 \$150.00 After May 1, 2003 Fee will be \$550.00						Election Campaign Financing Trust Fund Contribution.		00 May Be d to Fees	
Make Check Payable to Florida Department of State								20114	
10.	OFFICERS AND D	Delete	11.	·- I	AU	DITIONS/CHANGES TO OFFICERS	AND DIRECTOR Change	Addition	
NAME 1	LAWRENCE, BELINDA	N. S:						C) / Southern	
STREET ADDRESS	21150 POINT PL., #2503			ET ADDRESS		•		·]	
CITY-ST-ZIP	AVENTURA FL 33180			-ST-ZIP					
TITLE	PT WERNECK, A. ALLEN	□ Delete TiTi NAI					☐ Change	Addition	
NAME STREET ADDRESS	21150 POINT PL., #2503			ET ADDRESS					
CITY-ST-ZIP	AVENTURA FL 33180			ST-ZIP					
TITLE	V	- Delete	: TITLE	~~~~ <u>~</u>			Change	Addition	
NAME	RAPP, RANDI	• مسية	NAM(·		
STREET ADDRESS	21201 POINT PL. AVENTURA FL 33180			ET ADDRESS				}	
CITY-ST-ZIP	D AVENTURA PL 33100		╂	ST-ZIP			☐ Change	☐ Addition	
TITLE NAME	BREGMAN, SUE	☐ Delete	TITLE				☐ Change	Addition	
	21150 POINT PL. #803			T ADDRESS					
CITY-ST-ZIP	AVENTURE FL 33180		CITY-	ST-ZIP					
TITLE	S	☐ Delete	TITLE				☐ Change	☐ Addition	
NAME	KLINT-WERNECK, RIITTA SUSANN 21150 POINT PL., #1603			ET ADDRESS					
STREET ADORESS CITY-ST-ZIP	AVENTURA FL 33180			ST-ZIP					
TITLE		☐ Delete	TITLE	+-			Change	Addition	
NAME		L Delete	NAME				L. Ondingo		
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP				ST-ZIP			<u> </u>		
12. I hereby o	certify that the information supplied with t	his tiling does not qualify for	the exer	notion stated.	in Section 1	119 D7(3)(0), Florida Statutes, I further	certity that the i	intormation 1	

Indicated on this report or supplied with the information indicated on this report or supplied 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.