2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
05-13-2002 90149 045 ***150.00

DOCUMENT # P00000100190

1. Entity Name
NETPOINT INTERNATIONAL SERVICES, INC.

Principal Place of Business
15295 SW 107 LANE, #1019
MIAMI FL 33196

Mailing Address
15295 SW 107 LANE, #1019
MIAMI FL 33196

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc. 12855 SW 136 AVE. 208
City & State MIAMI FL.
Zip 33186 Country DADE

3. Mailing Address 12965 SW 143 TER
Suite, Apt. #, etc. —
City & State MIAMI FL.
Zip 33186 Country DADE

4. FEI Number 65-1047851 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
DUARTE, CECILIA
15295 SW 107 LANE, #1019
MIAMI FL 33196

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable) 12965 SW 143 TER
City MIAMI FL Zip Code 33186

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 X Cecilia Duarte (Signature of a member of the board of directors or authorized officer or registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE 4/13/02

☐

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	D ☐ Delete	TITLE	☐ Change ☐ Additi
NAME	DUARTE, CECILIA	NAME	
STREET ADDRESS	15295 SW 107 LANE, #1019	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33196	CITY-ST-ZIP	
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NAME	DUARTE, ALEX	NAME	
STREET ADDRESS	15295 SW 107 LANE, #1019	STREET ADDRESS	
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X Cecilia Duarte CECILIA DUARTE PRESIDENT 4/13/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date