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

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	12961 SW 143 TER
Suite, Apt. #, etc. 12855 SW 136 AVE. 208	Suite, Apt. #, etc. —
City & State MIAMI FL.	City & State MIAMI FL.
Zip 33186 Country DADE	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, CECILLA
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) 12961 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 (NOTE Registered Agent signature required when reinstating) DATE 4/23/02

9. ☐

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

SIGNATURE: X Cecilia Duarte CECILIA DUARTE PRESIDENT 4/23/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date