

2002 UNIFORM BUSINESS REPORT (UBR)

\$150

0230047 AV

DOCUMENT # P01000012044

1. Entity Name

IG-POINT CORP.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR 27 AM 11:51

Principal Place of Business

Mailing Address

1500 SAN REMO AVENUE
SUITE 177
CORAL GABLES FL 33146

1500 SAN REMO AVENUE
SUITE 177
CORAL GABLES FL 33146



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

051130862

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BARED, PABLO R ESQ.
1500 SAN REMO AVENUE
SUITE 177
CORAL GABLES FL 33146

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 PD
STREET ADDRESS GALDO COLON, IGNACIO JESUS
CITY-ST-ZIP 1500 SAN REMO AVENUE SUITE 177
CORAL GABLES FL 33146 ☐ Delete

TITLE NAME
STREET ADDRESS *Galdos Colon Ignacio Jesus* ☒ Change ☐ Addition
CITY-ST-ZIP

TITLE NAME STD
STREET ADDRESS LAURETTA, INAKI RAFAEL
CITY-ST-ZIP 1500 SAN REMO AVENUE SUITE 177
CORAL GABLES FL 33146 ☐ Delete

TITLE NAME
STREET ADDRESS *Galdos Lauretta Inaki Rafael* ☒ Change ☐ Addition
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS 200005253502-16
CITY-ST-ZIP -04/11/02--01042--006
1200.00 **150.00 ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

Date

Daytime Phone #

CR2E034 (9/01)