

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000019522

1. Entity Name
DIGITAL POINT, INC.Principal Place of Business
10521 S.W. 157 PLACE #4-204
MIAMI FL 33196Mailing Address
10521 S.W. 157 PLACE #4-204
MIAMI FL 331962. Principal Place of Business
Suite, Apt. #, etc.3. Mailing Address
City & State4. FEI Number
105-1084716Applied For
Not Applicable5. Certificate of Status Desired
 \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ORTIZ, ADRIANA
10521 S.W. 157 PLACE #4-204
MIAMI FL 33196

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

7. Name and Address of New Registered Agent

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 State10. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: P. Delete
NAME: ORTIZ, ADRIANA
STREET ADDRESS: 10521 S.W. 157 PLACE #4-204
CITY-ST-ZIP: MIAMI FL 33196TITLE: VP Delete
NAME: REINAUDO, ARIEL
STREET ADDRESS: 10521 S.W. 157 PLACE #4-204
CITY-ST-ZIP: MIAMI FL 33196TITLE: Delete
NAME: STREET ADDRESS: CITY-ST-ZIP:TITLE: Delete
NAME: STREET ADDRESS: CITY-ST-ZIP:TITLE: Delete
NAME: STREET ADDRESS: CITY-ST-ZIP:TITLE: Delete
NAME: STREET ADDRESS: CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Change Addition
NAME
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/02/02

Date

Daytime Phone #

CR2E034 (9/01)