4/9/0

FILED
May 28, 2002 8:00 am
Secretary of State

04-09-2002 91159 020 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000052294

1. Entity Name

LORPOINT USA, INC.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8550 W. Flagler St	8550 W. Flagler St.
Suite, Apt. #, etc. 111	Suite, Apt. #, etc. 111
City & State Miami, Florida	City & State Miami, florida
Zip 33144 Country USA	Zip 33144 Country USA

4. FEI Number 65-1119984 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Sebastian E, Escapil

Street Address (P.O. Box Number is Not Acceptable): 8550 W. Flagler St. #111

City: Miami, fl. 33144 **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: _____ DATE: 4/30/02

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	PST
NAME	Bart C. Vidal
STREET ADDRESS	8550 W. Flagler St. #111
CITY-ST-ZIP	Miami, Florida 33144
TITLE	D
NAME	Sebastian E. Escapil
STREET ADDRESS	6623 SW 113 Court, Miami, Fl
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Sebastian Escapil, Dir 305-553-7029 3/28/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #