

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90140 025 \*\*\*158.75

**DOCUMENT # P01000086793**

1. Entity Name

**VIEW POINT GLOBAL, INC.**

Principal Place of Business

**10117 NW 21 ST.  
 PEMBROKE PINES FL 33026**

Mailing Address

**10117 NW 21 ST.  
 PEMBROKE PINES FL 33026**

2. Principal Place of Business

Suite, Apt. #, etc.

**4921 SW 168 Avenue**

City & State  
**Southwest Ranches, Florida**

Zip  
**FL 33331**

Country

**USA**

3. Mailing Address

Suite, Apt. #, etc.

**4921 SW 168 Avenue**

City & State  
**Southwest Ranches, Florida**

Zip

**FL 33331**

Country

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-1137332**

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**VILLAFUERTE, JAIME LUIS**

**10117 NW 21 ST.**

**PEMBROKE PINES FL 33026**

7. Name and Address of New Registered Agent

Name

**Villafuerte, Jaime Luis**

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

**4921 SW 168 Avenue**

City

**Southwest Ranches**

**FL**

Zip Code

**33331**

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

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>P Villafuerte, Jaime Luis</b>
STREET ADDRESS	<b>4921 SW 168 Avenue</b>
CITY-ST-ZIP	<b>Southwest Ranches, Florida 33331</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>V Villafuerte, Jaime Luis Sr.</b>
STREET ADDRESS	<b>4921 SW 168 Avenue</b>
CITY-ST-ZIP	<b>Southwest Ranches, Florida 33331</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>V Fuentes, Mary Soledad</b>
STREET ADDRESS	<b>4921 SW 168 Avenue</b>
CITY-ST-ZIP	<b>Southwest Ranches, Florida 33331</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>T Villafuerte, Ruth Mary</b>
STREET ADDRESS	<b>4921 SW 168 Avenue</b>
CITY-ST-ZIP	<b>Southwest Ranches, Florida 33331</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>S Villafuerte, Juan Carlos</b>
STREET ADDRESS	<b>4921 SW 168 Avenue</b>
CITY-ST-ZIP	<b>Southwest Ranches, Florida 33331</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

**Villafuerte, Jaime Luis**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/25/02 (954) 252-5829**  
 Date Daytime Phone #

CR2E034 (9/01)