

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90524 015 ***150.00

0340774 AV

DOCUMENT # P02000002482

1. Entity Name

THE ROPOINT CORPORATION



Principal Place of Business

2300 GRIFFIN RD., STE. 50
FT. LAUDERDALE FL 33312

Mailing Address

2300 GRIFFIN RD., STE. 50
FT. LAUDERDALE FL 33312

11004436



2. Principal Place of Business

4737 SW 46TH LN

3. Mailing Address

4737 SW 46TH LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

DAVIE FLORIDA

City & State

DAVIE FLORIDA

4. FEI Number

01-0626752

Applied For

Not Applicable

Zip

33314-4601

Country

USA

Zip

33314-4601

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

LAPOINTE, ROSAIRE

2300 GRIFFIN RD., STE. 50

FT. LAUDERDALE FL 33312

7. Name and Address of New Registered Agent

Name

LAPOINTE ROSAIRE

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

4737 SW 46TH LN

City

DAVIE

FL

Zip Code

33314-4601

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ROSAIRE LAPOINTE

Rosaire Lapointe

04/16/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME LAPOINTE, ROSAIRE
STREET ADDRESS 2300 GRIFFIN RD., STE. 50
CITY-ST-ZIP FT. LAUDERDALE FL 33312

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME LAPOINTE ROSAIRE
STREET ADDRESS 4737 SW 46TH LN
CITY-ST-ZIP DAVIE FL 33314-4601

☒ 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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE ROSAIRE LAPOINTE

04/16/03

954-327-2990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)