2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2003 8:00 am
Secretary of State
05-01-2003 90413 045 ***150.00

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DOCUMENT # P02000003062

1. Entity Name
FOUR POINT INTERNATIONAL, CORP.

Principal Place of Business	Mailing Address
6995 NW 82 AVE #40 MIAMI FL 33166	6995 NW 82 AVE #40 MIAMI FL 33166

2. Principal Place of Business	3. Mailing Address
8050 NW 64ST #3	8050 NW 64ST #3
Suite, Apt. #, etc.: #3	Suite, Apt. #, etc.: #3
City & State: Miami FL	City & State: Miami FL
Zip: 33166 Country: USA	Zip: 33166 Country: USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 02-0533424 ☐ Applied For ☐ Not Applicable

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
URBINA, CARLOS E 6995 NW 82 AVE #40 MIAMI FL 33166	Name: URBINA, CARLOS E Street Address (P.O. Box Number is Not Acceptable): 8050 NW 64ST #3 City: Miami FL Zip Code: 33166

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

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P RODRIGUEZ, JUVEN'S S 6995 NW 82 AVE #40 MIAMI FL 33166	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V URBINA, CARLOS 6995 NW 82 AVE #40 MIAMI FL 33166	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ORTIZ, SARA 6995 NW 82 AVE #40 MIAMI FL 33166	☒ 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
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CR2E034 (10/02)

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 REQUIRED 4-28-2003 305-6393317
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #