FILED
Jun 19, 2003 8:00 am
Secretary of State

04-30-2003 90070 032 ***150.00

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2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000057963

55049138

1. Entity Name
2 POINTS, INC.

Principal Place of Business	Mailing Address
2209 NW 15 WAY BOYNTON BCH FL 34415	2209 NW 15 WAY BOYNTON BCH FL 34415

THIS ADDRESS IS NO LONGER.

2. Principal Place of Business NEW ADDRESS	3. Mailing Address
11127 LAKEAIR CIRCLE	11127 LAKEAIR CIRCLE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

☑ CHECK HERE IF MAKING CHANGES

City & State	Zip	Country	City & State	Zip	Country
BOCA RATON FLORIDA	33498	U.S.A.	BOCA RATON FLORIDA	33498	U.S.A.

4. FEI Number 03-0457233 ☐ 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
MERCADO, MICHAEL A 2209 NW 15 WAY BOYNTON BCH FL 34415	Name Street Address (P.O. Box Number is Not Acceptable) City 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE X ______ 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE P NAME MICHAEL MERCADO STREET ADDRESS 11127 LAKE AIR CIR CITY-ST-ZIP BOCA RATON FL 33498	☐ 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
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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: X ______ RED — 4/26/03 — 561-818-2457
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #