

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2003 8:00 am
Secretary of State

07-25-2003 90097 010 ***150.00

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DOCUMENT # P02000123452

1. Entity Name

PUNTO INC



Principal Place of Business

**516 ARAGON AVE
CORAL GABLES FL 33134**

Mailing Address

**516 ARAGON AVE
CORAL GABLES FL 33134**

2. Principal Place of Business

2516 ALHAMBRA CIRCLE

Suite, Apt. #, etc.

3. Mailing Address

2516 ALHAMBRA CIRCLE

Suite, Apt. #, etc.

City & State

CORAL GABLES

City & State

CORAL GABLES

Zip

33134

Country

USA

Zip

33134

Country

USA

4. FEI Number

05-0562230

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORATED

1000 WEST AVENUE

SUITE 1114

MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name

OSCAR GONZALEZ

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

2516 ALHAMBRA CIRCLE

City

CORAL GABLES

FL

Zip Code

33134

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

07/15/2003

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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** ☐ Delete
NAME **LEGENDRE, SOPHIE**
STREET ADDRESS **516 ARAGON AVE**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **D** ☐ Delete
NAME **GONZALEZ, OSCAR**
STREET ADDRESS **516 ARAGON AVE**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **OSCAR GONZALEZ**
STREET ADDRESS **2516 ALHAMBRA CIRCLE**
CITY-ST-ZIP **CORAL GABLES, FL, 33134**

TITLE **V** ☒ Change ☐ Addition
NAME **SOPHIE LEGENDRE**
STREET ADDRESS **2516 ALHAMBRA CIRCLE**
CITY-ST-ZIP **CORAL GABLES, FL, 33134**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/15/2003

(305) 668 6072

Date

Daytime Phone #

CP2E034 (4/03)

Attachment
10110524
#P02000123452

July 15th, 2003

Division of Corporations
Uniform Business Report Filings
PO BOX 1500
Tallahassee, FL, 32302

Who may concern:

We did not receive the first notice for the Uniform Business Report since we changed address and registered agent.

Please receive a check for the original US\$150.00 along with the UBR filled with the correct information.

If you have any questions you can contact me at 305 668 6072.

Thanks,



Oscar Gonzalez
President

Punto Inc.
2516 Alhambra Circle
Coral Gables, FL, 33134