## 2000 UNIFORM BUSINESS REPORT (UBR) 00 JUL 17 PM 3: 30 SECRETARY OF STATE TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0047827 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) 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. (NOTE: Registered Agent signature required when reinstating) DATE 10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 200003342**8**9 10 Addion -08/01/00--01084--011 \*\*\*\*150.00 \*\*\*\*150.60 ☐ Addition ☐ Change

FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS 12 DPS TITLE Delete TITLE TZUR, NISAN NAME NAME STREET ADDRESS 17120 N.E. 11TH AVE. STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH FL 33162 CITY-ST-ZIP Delete TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET AODRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

Country

Name

13. I hereby certify that the information supplied with this filling 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:

DOCUMENT # P93000009781

Country

17120 NORTHEAST 11TH AVE. NORTH MIAMI BEACH FL 33162

6. Name and Address of Current Registered Agent

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

Mailing Address

3. Mailing Address

City & State

Suite, Apt. #, etc.

17120 N.E. 11TH AVE.

NORTH MIAMI BEACH FL 33162

1. Entity Name

POINT-IVES, INC.

Principal Place of Business

NORTH MIAMI BEACH FL 33162

2. Principal Place of Business

TZUR, NISAN

Suite, Apt. #, etc.

City & State

Zip

17120 N.E. 11TH AVE.

TAMI TOUR 17120 NE 11= Ave NMB, FL 33162 Department Of Corpor