

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 16, 2000 8:00 am
Secretary of State

08-16-2000 90001 047 ***555.00

DOCUMENT # P94000045859

1. Entity Name
EASTPOINT SUPPLIERS, INC.



Principal Place of Business
5881 NW 151ST ST #100-A
MIAMI LAKES FL 33014
US

Mailing Address
6187 NW 167TH ST
H-23
MIAMI LAKES FL 33014
US

2. Principal Place of Business
6187 NW 167 ST.

3. Mailing Address
6187 NW 167 ST.

Suite, Apt. #, etc.
UNIT H-23

City & State
MIAMI LAKES FL

Zip Country
33014 USA.



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0571710** 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

FLEMING, KENNETH
6187 NW 167TH ST
H-23
MIAMI LAKES FL 33014

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
P <input type="checkbox"/> Delete	FLEMING, KENNETH 8336 NW 201 TERRACE MIAMI FL 33014	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	FLEMING, KENNETH 16010 KINGSMOORE WAY MIAMI LAKES, FL 33014
VP <input type="checkbox"/> Delete	FLEMING, EMMA 8336 NW 201 TERRACE MIAMI FL 33014	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	FLEMING EMMA 16010 KINGSMOORE WAY MIAMI LAKES, FL 33014
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **KENNETH FLEMING** 7-11-00 305-828-6440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 15/001