2000 UNIFORM BUSINESS REPORT (UBR)

Distrine

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED DOCUMENT # **P95000050865** May 18, 2000 8:00 am Secretary of State 1. Entity Name POINTER EXPORT-IMPORT, INC. 05-18-2000 90292 026 ***150.00 Principal Place of Business Mailing Address 7175 NW 87TH AVE 7175 NW 87TH AVE **MIAMI FL 33178** MIAMI FL 33178-1505 HS 2. Principal Place of Business 3. Mailing Address 14152 S.W. 152 PD CT 1600 N.W. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0591128 FLORIDA miami-floada i Chetri al Not Applicable Country US:A \$8.75 Additional 5. Certificate of Status Desired Fee Required. 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent INILSON SANTANA SANTANA, WILSON C Street Address (P.O. Box Number, is Not Acceptable) 7175 NW 87TH AVE **MIAMI FL 33178** MIAMI 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 Signature d or printed name of registered agent ar (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change Change TITLE ☐ Delete TITLE SANTANA, WILSON C SANTANA, WILSON C NAME 14152 S.W. 152~0 CT STREET ADDRESS 553 NW 98TH CT STREET ADDRESS miAmi, FL 33196 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33172** ☐ Addition ۷Ñ TITLE Change TITLE ☐ Delete MANUEL DOS SANTOS GOMES NAME NAME 591 NW 98TH CT STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CiTY-ST-ZIP **MIAMI FL 33172** - - Change - - - - Addition ☐.Delete TITLE MARCO ANTONIO MENDONCA NAME NAME 1910 KEYSONTE BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP NORTH MIAMI FL ☐ Addition ☐ Delete TITLE TITLE SANTANA, WILSON CURUNCI SANTANA, WILSON C NAME NAME 14152 S.W. 152 MD CT 8427 NW 68 STREET STREET ADDRESS STREET ADDRESS miamin FL 33196 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33166 ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.