## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)** P95000050865 **DOCUMENT #**

1. Entity Name

POINTER EXPORT-IMPORT, INC.



## **FILED** Mar 28, 2003 8:00 am Secretary of State

03-28-2003 90093 038 \*\*\*150.00

Principal Place of Business -8610 NW-70TH ST -MIAMI-FL-33166 -US		Mailing Address 14152 SW 152 CT MIAMI FL 33196 US								
2. Principal Place of Business 14152 SW 152 Ct		3. Mailing Address				(	08181 81811 <b>0</b> 8		Dilat Dili 1001	
Suite, Apt. #, etc. Miami, FL		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES					_
City & Stat		City & State			4. FEI Number	65-1501128			pplied For ot Applicable	]
2ip Country USA		Zip Cou		try		f Status Desired	Fee F	75 Additional Required		
6. Name and Address of Current Registered Agent				Name	7. Name and A	ddress of New Regist	ered Agent		_	4
	WILSON C	Street Addres			s (P.O. Box Number is Not Acceptable)					-
14152 SW MIAMI FL										$\frac{1}{1}$
INDUM I E				City			FL Z	ip Cod	le	┨
8. The above	named entity submits this statement for	the purpose of changing its	s registere		red agent, or both	in the State of Florida	<b>~~</b>	•		┥
the obligat	ions of registered agent.	and parpose of onlinging in	3 . og.o.o.	or regions	roa agont, or som,	m no state or ristiga.	T diff idiffile	21 991411,	una accept	
SIGNATURE .	Signature, typed or printed name of registered agent at	nd title if applicable. (NO	E: Registered	d Agent signature require	d when reinstating)		DATE			
E	ILE NOW!!! FEE IS \$150.00									
	May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	Ctata				tion:Campaign:Financin :Fund Contribution.	g		0 May Be—	
10.	OFFICERS AND I		11.		ADDITIONS/C	HANGES TO OFFICERS	S AND DIRE	CTOR	S IN 11	}
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				ST-ZIP						CR2E034 (10/02)
TITLE	TD	Delete	TITLE					hange	☐ Addition	CR2
NAME MARCO ANTONIO MENDONCA STREET ADDRESS 14152 SW 152CT			NAME STREE	ET AODRESS						
CITY-ST-ZIP	MIAMI FL 33196		CITY-	ST- ZIP						
	SD Santana; Wilson Curunci	☐ Delete	Delete TITLE					hange	Addition	
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	MIAMI FL 33186			ST-ZIP		·				
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12. I hereby c	ertify that the information supplied with t	this filing does not qualify fo	r the exen	ST-ZIP	ection 119.07(3)(i)	Florida Statutes I furthe	er certify the	at the in	nformation	
indicated	on this report or supplemental report is to coration or the receiver or trustee empoy or on an attachment with an address, w	true and accurate and that r	nv signati	ure shall have the :	same legal effect a	is if made under oath: th	nat Lam an I	officer.	or director	
SIGNAT	1511-151-0500	20070F. O. DE	tarc	<b>ւ</b>		103 305				ı
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