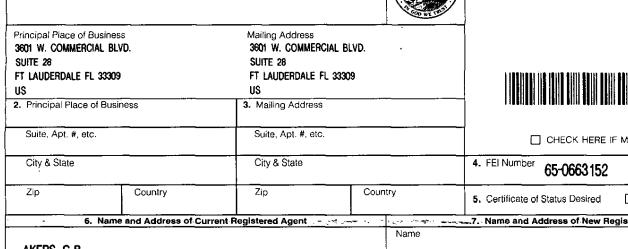
2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

P96000035036

1. Entity Name

SOUTH POINTE, INC.



Apr 28, 2003 8:00 am Secretary of State 04-28-2003 90174 015

2. Principal Place of Business 3. Mailing Address	ELI BBIEF BBETT BRIDG FILDT BETTL BBIEB FILLD BETT FEBT			
Suite, Apt. #, etc. Suite, Apt. #, etc.	ERE IF MAKING CHANGES			
City & State City & State 4. FEI Number 65-0663	Applied For Not Applicable			
Zip Country Zip Country 5. Certificate of Status Desir	Fee Required			
- 6. Name and Address of Current Registered Agent Name and Address of Name Name	ew Registered Agent			
AKERS, C B				
3601 W. COMMERCIAL BLVD. Street Address (P.O. Box Number is Not Accep	table)			
STE 28				
ET LAUDEDDALE EL 22200				
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. 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			
FILE NOW!!! FEE IS \$150.00 9. Election Campaig	n Financing \$5.00 May Be			
After May 1, 2003 Fee will be \$550.00				
Make Check Payable to Florida Department of State	OSSIGERO AND DIDEOTORO IN AL			
	OFFICERS AND DIRECTORS IN 11			
TITLE DP Delete TITLE NAME AELLO, DAVID A NAME	☐ Change ☐ Addition			
STREET ADDRESS %3601 W. COMMERCIAL BLVD STE 28 STREET ADDRESS				
CITY-ST-ZIP FT. LAUDERDALE FL 33309 CITY-ST-ZIP				
TITLE Delete TITLE	☐ Change ☐ Addition			
NAME NAME				
STREET ADDRESS STREET ADDRESS	}			
CITY-ST-ZIP				
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NAME STREET ADDRESS STREET ADDRESS				
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TITLE Delete TITLE	Change Addition			
NAME NAME	C Grange C Accilion			
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	☐ Change ☐ Addition			
TITLE Delete TITLE	☐ Change ☐ Addition			
NAME NAME]			
NAME STREET ADDRESS STREET ADDRESS				

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: