

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000093031

1. Entity Name

SANDPOINT FINANCIAL CORP.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90381 003 ***150.00

Principal Place of Business

404 WASHINGTON AVE
 #120
 MIAMI BEACH FL 33139

Mailing Address

404 WASHINGTON AVE
 #120
 MIAMI BEACH FL 33139-6651

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-1808456

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

HART, BRIAN A
 C/OTHOMSON, MURARO, RAZOOK & HART, P.A.
 ONE SE 3RD AVE- 17TH FLR
 MIAMI FL 33131

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

TITLE PD ☒ Delete
 NAME KRAMER, THOMAS
 STREET ADDRESS 404 WASHINGTON AVE- STE 120
 CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VS ☐ Delete
 NAME NEE, MARGARET
 STREET ADDRESS 404 WASHINGTON AVE- STE 120
 CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE ☒ Change ☐ Addition
 NAME President, Director
 STREET ADDRESS
 CITY-ST-ZIP

TITLE S ☐ Delete
 NAME COLONNESE, CATHY
 STREET ADDRESS 404 WASHINGTON AVE- STE 120
 CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE ☒ Change ☐ Addition
 NAME Vice President, Secretary
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME Vice President
 STREET ADDRESS Michael A. Bernstein
 CITY-ST-ZIP 404 Washington Ave - Suite 120
 Miami Beach, Florida 33139

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

VP MICHAEL BERNSTEIN 4-20-00 305 532 2519

CR2E034 (9/99)