

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90053 031 ***150.00

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

DOCUMENT # P96000093031

1. Entity Name
SANDPOINT FINANCIAL CORP.



Principal Place of Business

~~404 WASHINGTON AVE~~
~~#120~~
MIAMI BEACH, FL 33139

Mailing Address

~~404 WASHINGTON AVE~~
~~#120~~
MIAMI BEACH, FL 33139

2. Principal Place of Business

500 SOUTH POINTS DRIVE
Suite, Apt. #, etc.
#220

3. Mailing Address

500 SOUTH POINT DR
Suite, Apt. #, etc.
#220

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

HART, BRIAN A
ADORNO & ZEDER
2601 S. BAYSHORE DR, 16TH FLR
MIAMI, FL 33133

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1100 BRICKADE AVG
#1400

City **MIAMI**

FL

Zip Code **33131**

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

After May 1, 2003 Fee will be \$650.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **500 SOUTH POINTS DR. - STE 220**
CITY-ST-ZIP

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

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

TITLE VP ☐ Delete
NAME BERNSTEIN, MICHAEL A
STREET ADDRESS 404 WASHINGTON AVE STE 120
CITY-ST-ZIP MIAMI, FL 33139

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-03

305 572 2519

Date

Daytime Phone #

CR2E034 (10/02)