

2000 UNIFORM BUSINESS REPORT (UBR)

5/30/00-90038-007-\$150.00-\$150.00

DOCUMENT # P97000023234

1. Entity Name

POINT CIRCLE CORPORATION

Principal Place of Business

1001 FLAGLER CENTER
505 SO FLAGLER DRIVE
WEST PALM BEACH FL 33401

Mailing Address

1001 FLAGLER CENTER
505 SO FLAGLER DRIVE
WEST PALM BEACH FL 33401-5923

FILED

01 APR 27 AM 8:40

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

250 Australian Avenue
Suite, Apt. #, etc.

1550 Clearlake Centre
City & State

West Palm Beach, Florida

Zip

33401

Country

USA

3. Mailing Address

250 Australian Avenue
Suite, Apt. #, etc.

1550 Clearlake Centre
City & State

West Palm Beach, Florida

Zip

33401

Country

USA

4. FEI Number **APPLIED FOR**
65-0925736

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHNEIDER, JOHN C ESQ.
1001 FLAGLER CENTER
505 SO FLAGLER DRIVE
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name
Schneider, John C.

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

1550 Clearlake Centre

City
West Palm Beach

FL

Zip Code
33401

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, 2001 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
JOSTROM, MIKAEL
10187 N W 87TH AVENUE
MEDLEY FL 33178

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
Jostrom, Mikael
10187 NW 87 AVE
Medley, FL 33178

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

REINSTATEMENT

2000-01

200004195142-5
-05/11/01 -01025-006
****750.00 ****750.00

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:

John C. Schneider, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00

305/888-8684

Date

Daytime Phone #

CR2E034 (9/99)