

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90216 013 ***150.00

DOCUMENT # P98000022413

1. Entity Name
POINTE WEST COMMERCE, INC.

Principal Place of Business 1166 WEST NEWPORT CENTER DRIVE #118 DEERFIELD FL 33442	Mailing Address 1166 WEST NEWPORT CENTER DRIVE #118 DEERFIELD FL 33442-7739
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1096 E. Newport Center Drive Suite, Apt. #, etc. 100	3. Mailing Address 1096 E. Newport Center Drive Suite, Apt. #, etc. 100
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City & State Deerfield Beach, FL	City & State Deerfield Beach, FL	4. FEI Number 65-0826265	Applied For <input type="checkbox"/> Not Applicable
Zip 33442	Country USA	Zip 33442	Country USA

6. Name and Address of Current Registered Agent BUTTERS, MALCOLM 1166 WEST NEWPORT CENTER DRIVE #118 DEERFIELD FL 33442	7. Name and Address of New Registered Agent Name Butters, Malcolm Street Address (P.O. Box Number is Not Acceptable) 1096 E. Newport Center Drive Suite 100 City Deerfield Beach FL Zip Code 33442
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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]* (NOTE: Registered Agent signature required when reinstating) DATE 4/11/00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BUTTERS, MALCOLM 1166 WEST NEWPORT CENTER DRIVE #118 DEERFIELD FL 33442	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1096 East Newport Center Drive, #100 Deerfield Beach, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BUTTERS, MARK 1166 WEST NEWPORT CENTER DRIVE #118 DEERFIELD FL 33442	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1096 East Newport Center Drive, #100 Deerfield Beach, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, without other legal empowerment.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date 4/11/00 Daytime Phone # 954/570-8111

CR2E034 (9/99)