2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P98000022413** Apr 18, 2000 8:00 am Secretary of State POINTE WEST COMMERCE, INC. 04-18-2000 90216 013 ***150.00 Principal Place of Business Mailing Address 1166 WEST-NEWPORT-CENTER DRIVE #118 #166 WEST-NEWPORT-CENTER-DRIVE-#118-DEERFIELD FL 33442 **DEERFIELD FL 33442-7739** 3. Mailing Address 2. Principal Place of Business 1096 E. Newport Center Drive 1096 E. Newport Center Drive Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 100 loo Applied For City & State 4. FEI Number 65-0826265 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Butters <u>Malcolm</u> **BUTTERS, MALCOLM** Street Address (P.O. Box Number is Not Acceptable -1166-WEST-NEWPORT CENTER DRIVE #118 DEERFIELD FL-33442 Suite 100 stered agent, or both, in the State of Florida, 8. The above named entity submits this statement for the purpose of changing its registered of Signature, typed or printed name of registered agent and title if applicable required when reinstating: FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition TITLE Delete TITLE **BUTTERS. MALCOLM** NAME NAME 1096 East Newport Center Drive, #100 Deerfield Beach, FL 33442 -1166-WEST-NEWPORT-CENTER-DRIVE: #118 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DEERFIELD FL 33442** Change ☐ Delete TITLE TITLE NAME **BUTTERS, MARK** NAME 1096 East Newport Center Drive, #100 Deerfield Beach, FL 33442 -1-166-WEST-NEWPORT-CENTER-DRIVE-#118 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DEERFIELD FL 33442** ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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, writt all our extractions are provided in 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, writt all our 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, writt all our execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

TITLE NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME ORSIGNING OFFICER OR DIRECTO

☐ Delete

4 11 00 954 570-8111

☐ Change

Addition