## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P98000031567 1. Entity Name FIRST POINT RECRUITMENT (USA) INC.

**FILED** May 15, 2000 8:00 am Secretary of State 05-15-2000 90259 001 \*\*\*150.00

Principal Place of Business Mailing Address			7		
NATIONSBANK TOWER 111 NORTH ORANGE AVENUE SUITE 950 ORLANDO FL 32801		NATIONSBANK TOWER 111 NORTH ORANGE AVENUE SUITE 950 ORLANDO FL 32801-2321			
2. Principal P	lace of Business	3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number 59-3503997 Applied For	
Zip	Country	Zip	Country	Not Applicable	
				5. Certificate of Status Desired Fee Required	
	6. Name and Address of Curre	nt Registered Agent		7, Name and Address of New Registered Agent	
			Name		
FIRST POINT INTERNATIONAL (USA), INC. NATIONSBANK TOWER 111 NORTH ORANGE AVENUE SUITE 950 ORLANDO FL 32801			Street Addr	ress (P.O. Box Number is Not Acceptable)	
			City	FL Zip Code	
8. The above	named entity submits this statement	for the purpose of changing it	s registered office or reg	gistered agent, or both, in the State of Florida.	
SIGNATURE _	Signature, typed or printed name of registered age	ent and title if applicable. (NO	TE: Registered Agent signature re	required when reinstating) DATE	
O This serve	vestion is aligible to action, its teropolis	SIG FILE NOW	'!!! FEE IS \$150.00		
Tax filing re	ration is eligible to satisfy its Intangib equirement and elects to do so. ia on back)	After MAY 1, 2	000 Fee will be \$550. ble to Department of		
11.	OFFICERS AN	D DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Webster, David 111 North Orange Avenue Orlando Fl 32801	□ Delete E SUITE 950	NAME STREET ADDRESS	Change Addition Change Addition ARTENA GREENE COLINDIALANTIC DRIVE ORLANDO, FL 32808	
TITLE	CHEATE OF COLOR	☐ Delete	TITLE A	☐ Change 🔂 Addition	
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP	RAHAM ROSS 67 CANOF CREEK ROAD OVIEDO, FL 32766	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS GITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied w	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	

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:**