

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

0490926

DOCUMENT # P98000038500

03-12-2001 90031 027 ***150.00

1. Entity Name
ATLANTIC POINT INVESTMENT INC.

Principal Place of Business 10120 SW 215 STREET MIAMI FL 33189	Mailing Address 10120 SW 215 STREET MIAMI FL 33189
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 33201 SW 210 Ave.	3. Mailing Address 33201 SW 210 Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Florida City Fla.	City & State Florida City Fla	4. FEI Number 65-0835682	Applied For Not Applicable
Zip 33034	Country USA	Zip 33034	Country USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CRESPO, MERCEDES B
10120 SW 215 STREET
MIAMI FL 33189

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CRESPO, MERCEDES B	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10120 SW 215 STREET			
MIAMI FL 33189			
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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/01 (305) 248-6207
Date Daytime Phone #

CR2E034 (10/00)