

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90390 006 ***150.00

DOCUMENT # P98000105456

1. Entity Name
START POINT, CORP.

Principal Place of Business
17100 COLLINS AVE. #108
SUNNY ISLES BCH. FL 33160

Mailing Address
16909 N. BAY RD. #406
SUNNY ISLES BCH. FL 33160

2. Principal Place of Business

3. Mailing Address

17100 Collins Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#108

City & State

City & State

Sunny Isles Beach, FL

Zip

Country

Zip

Country

33160

U.S.A.

4. FEI Number

65-0883281

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

HARISTEGUY, JORGE

16909 N BAY RD

APT. #406

SUNNY ISLES BCH FL 33160

7. Name and Address of New Registered Agent

Name

Jorge Haristeguy

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

17100 Collins Ave #108

City

Sunny Isles Beach

FL

Zip Code

33160

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Jorge Haristeguy

1/14/02

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, 2002 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	PTD	<input type="checkbox"/> Delete
NAME	SERRANO, TERESA	
STREET ADDRESS	16909 N BAY RD #406	
CITY-ST-ZIP	SUNNY ISLES BCH FL 33160	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	HARISTEGUY, JORGE	
STREET ADDRESS	16909 N BAY RD #406	
CITY-ST-ZIP	SUNNY ISLES BCH FL 33160	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/02

DATE

(305) 944-1616

Daytime Phone #

CR2E034 (9/01)