FILED
Jul 08, 2002 8:00 am
Secretary of State
05-02-2002 90048 050 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000018279

1. Entity Name
House Point Corporation

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
1541 Nocatee St Suite, Apt. #, etc.	PO Box 667 Suite, Apt. #, etc.
City & State: Intercession City	City & State: Intercession City Fla.
Zip: 33848 Country: Fla	Zip: 33848 Country: OSCEOLA

4. FEI Number 65-0899864 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Jose Mario Aguilar

Street Address (P.O. Box Number is Not Acceptable): 1541 Nocatee St

City: Intercession FL, Zip Code: 33848

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: Jose M. Aguilar Jose M Aguilar. 5/16/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 P →	
NAME	Jose Mario Aguilar
STREET ADDRESS	PO Box 667
CITY-ST-ZIP	Intercession City Fla. 33848
TITLE	
NAME	1541 Nocatee St
STREET ADDRESS	Intercession City
CITY-ST-ZIP	Fl. 33848.
TITLE	
NAME	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Jose M. Aguilar JOSE M. AGUILAR 4/18/02 (321)689-3983
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #