

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000037472**

1. Entity Name

PROINT CORPORATION

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90433 006 ***150.00

Principal Place of Business

1100 NE 1 CT. #17
HALLANDALE FL 33009

Mailing Address

1100 NE 1 CT. #17
HALLANDALE FL 33009

C0055995



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

17627 N.W. 66 CT

Suite, Apt. #, etc.

3. Mailing Address

17627 N.W. 66 CT

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33015

Country

USA

City & State

Miami, FL

Zip

33015

Country

USA

4. FEI Number

65-0954525

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AMORTEGUI, NESTOR M
1100 NE 1 CT. #17
HALLANDALE FL 33009

7. Name and Address of New Registered Agent

Name

Nestor M. Amortegui

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

17627 N.W. 66 CT

City

Miami

Zip Code

33015

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

(NOTE: Registered Agent signature required when re-registering)

DATE

Nestor M. Amortegui 4/9/01

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

TITLE	SD	☒ Delete
NAME	DIAZ, CLAUDIA S	
STREET ADDRESS	1100 NE 1 CT. #17	
CITY-STATE-ZIP	HALLANDALE FL 33009	
TITLE	PD	☐ Delete
NAME	AMORTEGUI, NESTOR M	
STREET ADDRESS	1100 NE 1 CT. #17	
CITY-STATE-ZIP	HALLANDALE FL 33009	
TITLE	TD	☐ Delete
NAME	MORALES, CONSUELO P	
STREET ADDRESS	1100 NE 1 CT. #17	
CITY-STATE-ZIP	HALLANDALE FL 33009	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	P/D	☒ Change ☐ Addition
NAME	Nestor M. Amortegui	
STREET ADDRESS	17627 N.W. 66 CT	
CITY-STATE-ZIP	Miami, FL 33015	
TITLE	S/T	☒ Change ☐ Addition
NAME	Consuelo Amortegui	
STREET ADDRESS	17627 N.W. 66 CT	
CITY-STATE-ZIP	Miami, FL 33015	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nestor M. Amortegui 4/9/01 (305) 512-1290

Date

City and State

CR2E034 (10/00)