

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000040544

1. Entity Name

THE GROWTH POINT, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90063 029 ***150.00

Principal Place of Business

1776 NW 36 ST.
MIAMI FL 33142

Mailing Address

1776 NW 36 ST.
MIAMI FL 33142-5440

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0918116

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CRUZ, HERMAN DELA
7330 NW 6 ST.
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name

CAMACHO, INES

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

8511 SW 27TH ST

City MIAMI

FL

Zip Code 33135

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

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

INES CAMACHO, PRESIDENT

APRIL 27Th, 2000

(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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 D ☒ Delete
NAME CRUZ, HERMAN DELA
STREET ADDRESS 7330 NW 6 ST.
CITY-ST-ZIP MIAMI FL 33126

TITLE D ☒ Delete
NAME CRUZ, LILIANA DELA
STREET ADDRESS 7330 NW 6 ST.
CITY-ST-ZIP MIAMI FL 33126

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Change ☒ Addition
NAME CAMACHO, INES
STREET ADDRESS 8511 SW 27 ST
CITY-ST-ZIP MIAMI, FL 33155

TITLE T ☐ Change ☒ Addition
NAME DE LA CRUZ HARY
STREET ADDRESS 8511 SW 27 ST
CITY-ST-ZIP MIAMI, FL 33155

TITLE S ☐ Change ☒ Addition
NAME DE LA CRUZ, HERMAN
STREET ADDRESS 8511 SW 27 ST
CITY-ST-ZIP MIAMI, FL 33155

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Ines Camacho
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

INES CAMACHO, 04-27-00

(305)633-1449

Date

Daytime Phone #

CR2E034 (9/99)