2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT,# P99000048285 Jun 21, 2000 8:00 am **Secretary of State** POINTE WEST REALTY, INC. 05-11-2000 90366 001 ***300.00 Principal Place of Business Mailing Address 7645 20TH STREET 4445 A1A VERO BEACH FL 32966 SUITE 250 VERO BEACH FL 32963-1312 3. Mailing Address 2. Principal Place of Business 1999 POINTE WEST DR DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable VERD BEACH 65 · 1013497 Zip Country Zip \$8.75 Additional Country 5. Certificate of Status Desired . 329<u>66</u> USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent harles SPIFGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 city V ero Beach submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above name SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change Addition Delete TITLE TITLE MECHLING, CHARLES R NAME NAME Parta Uese Dr 1999 STREET ADDRESS STREET ADDRESS **7645 20TH STREET** CITY-ST-7/P 32966 CITY-ST-ZIP VERO BEACH FL 32966 Change . Addition Delete TITLE TITLE DONNER, EDWARD D NAME NAME Payate West Dr 1999 7645 20TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32966 CITY-ST-ZIP Change Addition ☐ Delete TETTI F JONES, THOMAS R NAME NAME 1999 7645 20TH STREET STREET ADDRESS STREET ADDRESS VERO BEACH FL 32966 CITY-ST-ZIP باحده CITY-ST-ZIP ☐ Change Addition TITLE Defete TITLE NAME NAME STREFT ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 in Block 12

changed, or on an attag