

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2001 8:00 am
Secretary of State

08-13-2001 90004 044 ***550.00

DOCUMENT # P99000081822

1. Entity Name

POINTDUJOUR FINANCIAL CONSULTANT, INC.

Principal Place of Business

Mailing Address

1601 NORTH PALM AVENUE
 SUITE 1100
 PEMBROKE PINES FL 33026

1601 NORTH PALM AVENUE
 SUITE 1100
 PEMBROKE PINES FL 33026

B0062007



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1601 N. PALM AVE

1601 N. PALM AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

110A

110A

City & State

City & State

Pembroke Pines, FL

Pembroke Pines, FL

Zip

Country

Zip

Country

33026

Broward

33026

Broward

6. Name and Address of Current Registered Agent

4. FEI Number

65-0947952

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

7. Name and Address of New Registered Agent

Name

CHANDY POINT DU JOUR

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

1422 NW 132 AVE

City

Pembroke Pines

FL

Zip Code

33028

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]

C. E. O.

8/06/01

Signature of individual 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) ☐

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
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 CITY-ST-ZIP

TITLE ☐ Delete

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TITLE ☐ Change ☐ Addition

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 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:

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/06/01

CR2E034 (10/00)

Attachment

#P99000081822

POINT FOUR FINANCE, INC.

CONSULTANT, INC. 80062007

1601 N. PALM AVE SUITE 110 D

PEMBROKE PINES, FL 33026

OFFICE: 954-430-1993

FAX: 954-430-1935

pointfinance@mpowercom.net

08/06/01

Co whom it may concern,

I called the florida department of staste to request the form because I did not receive it. I am sending it
now because I just received the form.

Chandy Point Four