-2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000086694



FILED Jan 16, 2003 8:00 am Secretary of State

1. Entity Na	ame POINT TRAI	NSFER INC.						01-16-2003 90160 015 ***150.00					
Principal Pla P.O. BOX 53 MIAMI FL 33		P.O.	Mailing Address P.O. BOX 526751 MIAMI FL 33152				()\$8,500) \$7,700 \$100 \$800 \$800 \$800 \$800 \$800 \$800 \$800						
2. Principal	Place of Business	3. Ma	3. Mailing Address										
Suite, Ap	et. #, etc.	Su	Suite, Apt. #, etc.				П снеск неве	IE MAKING OU	ANIGE	2			
City & State			Cit	City & State			4.	CHECK HERE IF MAKING CHANGES 4. FEI Number 65-0955251 Applie					
Zip Country			Zip	Zip C		ry			Not Applicable \$8.75 Additional			7	
	6. Name and	Address of Cur	rent Register	ent Registered Agent			 _	Fee Required 7. Name and Address of New Registered Agent					
	ţ			<u></u>	-	Name		Name and Address of New I	tegistered Agen	ŧ		╡	
SALEEM,	MOHAMMAD				Į							-	
1701 NW	/ 110 AVE.						Street Address (P.O. Box Number is Not Acceptable)						
MIAMI FL 33172												┨	
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the obliga	e named entity sub ations of registered	omits this stateme	nt for the purp	oose of changing its	registere	d office or regi	stered ag	gent, or both, in the State of Flo	orida. I am familia	ar with,	and accept	1	
9		agom.											
SIGNATURE	Signature, typed or prin	ated name of registered s	agest and title if par	dia ah l		 						Ì	
	·····		egent and title if app	MCable. (NOTE	:: Registered	Agent signature req	uired when re	einstating)	DATE			-	
F Δfte	FILE NOW!!! FI r May 1, 2003 Fi	EE IS \$150.00	00					9. Election Campaign Fin	onoina	er a		1	
Make Check	k Payable to Flo	rida Departmer	it of State					Trust Fund Contribution			00 May Be		
10.				DIRECTORS 11.				DITIONS (OLIANOSO TO OSS				1	
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indicated of the core	ertify that the inform on this report or su	nation supplied w pplemental repor	rith this filing d t is true and a	loes not qualify for the courate and that my	ne exemp signature	tion stated in S	Section 11	19.07(3)(i), Florida Statutes. I f	urther certify that	the inf	ormation		

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: