

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **099000103631**

1. Entity Name
PHG-POINTE, Inc.

FILED

01 JAN 29 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
9400 S. Dadeland Blvd. Suite 100 Miami, FL 33156 **9400 S. Dadeland Blvd. Suite 100 Miami, FL 33156**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0963725** Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Patricia K. Green
2200 Museum Tower, 150 W Flagler St.
Miami, FL 33130

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (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

TITLE	Director <input type="checkbox"/> Delete
NAME	Wolbison, Louis III
STREET ADDRESS	9400 S. Dadeland Blvd Ste 100
CITY-ST-ZIP	MIAMI FL 33156
TITLE	Director <input type="checkbox"/> Delete
NAME	Wohl, Michael D
STREET ADDRESS	9400 S. Dadeland Blvd Ste 100
CITY-ST-ZIP	MIAMI FL 33156
TITLE	Director <input type="checkbox"/> Delete
NAME	Deutch, David O
STREET ADDRESS	9400 S. Dadeland Blvd Ste 100
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	Director <input type="checkbox"/> Delete
NAME	Friedman, Mitchell
STREET ADDRESS	9400 S. Dadeland Blvd Ste 100
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **David O. Deutch** 1/24/01 (305) 854-7100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)