

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S79432

1. Entity Name

EAST POINT PROPERTY COMPANY

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90315 006 ***150.00

Principal Place of Business

2600 DOUGLAS ROAD
 PH-5
 CORAL GABLES FL 33134-6127

Mailing Address

2600 DOUGLAS ROAD
 PH-5
 CORAL GABLES FL 33134-6143

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0300976

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOUTH FLORIDA RESIDENT AGENTS INC.
 200 S BISCAYNE BLVD
 STE 4750
 MIAMI FL 33131

Name
 B & C CORPORATE SERVICES

Street Address (P.O. Box Number is Not Acceptable)
 201 S. Biscayne Blvd.

Suite 3000

City
 Miami

FL

Zip Code
 33131

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

Ona Salgado, Vice President 04/26/2000
 Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DV
 ROSALES, X. FRANCISCO
 2600 DOUGLAS RD PH5
 CORAL GABLES FL ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 S
 FERNANDEZ, MARTHA
 2600 DOUGLAS RD PH5
 CORAL GABLES FL ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PT
 LEVITT, STEVEN T.
 2600 DOUGLAS ROAD, PH-5
 CORAL GABLES FL ☐ Delete

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

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☐ Change ☐ Addition

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:

X **REQUIRED** Francisco Rosales 2/14/2000 (305)461-2142
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #