

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 22, 2002 8:00 am
Secretary of State

03-22-2002 90046 032 ***150.00

DOCUMENT # S79432**1. Entity Name**
EAST POINT PROPERTY COMPANY**Principal Place of Business**
2600 DOUGLAS ROAD
PH-5
CORAL GABLES FL 33134-6127**Mailing Address**
2600 DOUGLAS ROAD
PH-5
CORAL GABLES FL 33134-6127

DO NOT WRITE IN THIS SPACE

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****JUAN LOUMIET - GREENBERG TRAUIG**
1221 BRICKELL AVENUE
MIAMI FL 33131

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** _____ **DATE** _____
Signature, typed or printed name of registered agent and title 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, 2002 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	<input type="checkbox"/> Delete
	DV	ROSALLES, X. FRANCISCO	2600 DOUGLAS RD PH5 CORAL GABLES FL	<input type="checkbox"/>
	S	FERNANDEZ, MARTHA	2600 DOUGLAS RD PH5 CORAL GABLES FL	<input type="checkbox"/>
	PT	LEVITT, STEVEN T.	2600 DOUGLAS ROAD, PH-5 CORAL GABLES FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
			33134	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			33134	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			33134	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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. FRANCISCO ROSALES**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/02

Date

(305) 461-2142

Daytime Phone #

CR2E034 (9/01)