2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # L51888** May 01, 2000 8:00 am Secretary of State 1. Entity Name THE PINE POINT CORPORATION 05-01-2000 90414 016 ***150.00 Principal Place of Business Mailing Address 7151 UNIVERSITY BOULEVARD 7151 UNIVERSITY BOULEVARD WINTER PARK FL 32792-6724 WINTER PARK FL 32792 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 58-1889560 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PETRILLO, CARL E. Street Address (P.O. Box Number is Not Acceptable) 7151 UNIVERSITY BOULEVARD WINTER PARK FL 32792 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. OD Delete TITLE Change ☐ Addition TITLE PETRILLO, CARL E. NAME NAME STREET ADDRESS STREET ADDRESS 7151 UNIVERSITY BOULEVARD CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32792 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Channe ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME

13. I hereby certify that the information supplied with this filling 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 attaching with an appropriate with an appropriate empowered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

TITLE NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

April 18, 2000

(914) 965-1500

Change

☐ Addition

Daytime

CR2E034 (9/99)