

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

02 APR -5 PM 2:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0005008  
AV

DOCUMENT # **A95000000729**

1. Entity Name

**MXHX, LTD.**

Principal Place of Business

**2295 CORPORATE BLVD., SUITE 222  
BOCA RATON FL 33431-0810**

Mailing Address

**2295 CORPORATED BLVD. NW  
SUITE 222  
BOCA RATON FL 33431**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**DUE BY MAY 1, 2002**

Zip

Country

Zip

Country

4. FEI Number

**65-0579175**

Applied For

Not Applicable

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

**THE HERRICK COMPANY, INC.  
2295 CORPORATE BLVD., SUITE 222  
BOCA RATON FL 33431-0810**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

DATE \_\_\_\_\_

9. Capital Contributions as Shown on record.

**\$100.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P95000036468**  
NAME **G-P MX, INC.**  
STREET ADDRESS **2295 CORPORATE BLVD., SUITE 222**  
CITY-ST-ZIP **BOCA RATON FL 33431-0810**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**FF \$141.25**

**OUS 8.75**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

**100005194301--6**

**-04/05/02--01016--009**

**\*\*\*7310.00 \*\*\*150.00**

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STREET ADDRESS

CITY-ST-ZIP

**T/B**

CR2E003 (9/01)

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**VP of Corp**

Date

**3/12/02**

Daytime Phone #