

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000002112

1. Entity Name  
**XYBASE, INC.**

**FILED**  
**Mar 02, 2001 8:00 am**  
**Secretary of State**

03-02-2001 90043 020 \*\*\*150.00

Principal Place of Business  
**DAVID C. RISTAINO, ESQ.**  
**350 E LAS OLAS BLVD SUITE 1600**  
**FT LAUDERDALE FL 33301**

Mailing Address  
**DAVID C. RISTAINO, ESQ.**  
**350 E LAS OLAS BLVD SUITE 1600**  
**FT LAUDERDALE FL 33301**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**6400 Congress Avenue**

3. Mailing Address  
**6400 Congress Avenue**

Suite, Apt. #, etc.  
**Suite 2750**

Suite, Apt. #, etc.  
**Suite 2750**

City & State  
**Boca Raton, FL**

City & State  
**Boca Raton, FL**

4. FEI Number **APPLIED FOR**  
**65-0999581**

Applied For  
Not Applicable

Zip  
**33487**

Country  
**USA**

Zip  
**33487**

Country  
**USA**

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

**AMERICAN INFORMATION SERVICES, INC.**  
**350 E LAS OLAS BLVD**  
**SUITE 1600**  
**FT LAUDERDALE FL 33301**

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.

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVST</b> <b>MOSS, RAYMOND H</b> <b>350 E LAS OLAS BLVD SUITE 1600</b> <b>FT LAUDERDALE FL 33301</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>SHAARI, SUHALMEE ABU HASSAN</b> <b>350 E LAS OLAS BLVD SUITE 1600</b> <b>FT LAUDERDALE FL 33301</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SHAARI, MOHD JAMIL ABU HASSAN</b> <b>350 E LAS OLAS BLVD SUITE 1600</b> <b>FT LAUDERDALE FL 33301</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SAID, MOHAMED IZMI MD</b> <b>350 E LAS OLAS BLVD SUITE 1600</b> <b>FT LAUDERDALE FL 33301</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVST</b> <b>Moss, Ray</b> <b>6400 Congress Avenue, Suite 2750</b> <b>Boca Raton, FL 33487</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>Shaari, Suhaimie Abu Hassan</b> <b>6400 Congress Avenue, Suite 2750</b> <b>Boca Raton, FL 33487</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>Shaari, Mohd Jamil Abu Hassan</b> <b>6400 Congress Avenue, Suite 2750</b> <b>Boca Raton, FL 33487</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>Said, Mohamed Izmi Md.</b> <b>6400 Congress Avenue, Suite 2750</b> <b>Boca Raton, FL 33487</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Asst. Secy.</b> <b>Ristaino, David C.</b> <b>350 E. Las Olas Blvd., Suite 1600</b> <b>Ft. Lauderdale, FL 33301</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 of 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: *Ray Moss*

**Ray Moss, Vice President**

**561-893-0908**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0241695