

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **799 00000 1444**

1. Entity Name

Xentel, Inc.

Principal Place of Business

Mailing Address

900 SE 3rd Ave Suite #201
Ft. Lauderdale, FL 33316

2. Principal Place of Business

900 SE 3rd Ave

Suite, Apt. #, etc.

Suite #201

City & State

FT. Lauderdale, FL

Zip
33316

Country
Broward

3. Mailing Address

900 SE 3rd Ave

Suite, Apt. #, etc.

Suite #201

City & State

Ft. Lauderdale, FL

Zip
33316

Country
Broward

4. FEI Number

65-089-6267

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Joseph E Gehl
900 SE 3rd Ave, Suite #201
Ft. Lauderdale, FL 33316

7. Name and Address of New Registered Agent

Name

Joseph E Gehl

Street Address (P.O. Box Number is Not Acceptable)

900 SE 3rd Ave, Suite #201

City

Ft. Lauderdale

FL

Zip Code
33316

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

TITLE President

NAME Joseph E Gehl
STREET ADDRESS 900 SE 3rd Ave, Suite #201
CITY-ST-ZIP Ft. Lauderdale, FL 33316

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/26/01

Date

(954) 522-5200

Daytime Phone #

C0072327

DO NOT WRITE IN THIS SPACE

FILED

JUL 02 2001 FILED 00 AM
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07-03-2001 90003 024 ***550.00
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CR2E034 (11/00)