

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J58165

1. Entity Name

TEXHAR, INC.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90159 033 \*\*\*150.00

Principal Place of Business

Mailing Address

440 ROYAL PALM WAY STE 200  
PALM BCH FL 33480-4185

440 ROYAL PALM WAY STE 200  
PALM BCH FL 33480-4142

2. Principal Place of Business

3. Mailing Address

505 S. Flagler Drive

505 S. Flagler Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 300

Suite 300

City & State

City & State

West Palm Beach, FL

West Palm Beach, FL

Zip

Country

Zip

Country

33401

USA

33401

USA

4. FEI Number

59-2775537

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHOPIN, L. FRANK  
440 ROYAL PALM WAY #200  
PALM BEACH FL 33480

Name

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

505 S. Flagler Drive, Suite 300

City

West Palm Beach

FL

Zip Code

33401

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, 2000 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  
PSD  
CHOPIN, L. FRANK  
440 ROYAL PALM WAY, SUITE 200  
PALM BEACH FL 33480 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
505 S. Flagler Drive, Suite 300  
West Palm Beach, FL 33401 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 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

Date

Daytime Phone #

4/25/00

(561) 655-9500

CR2E034 (9/99)