

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90890 004 ***150.00

DOCUMENT # **XEGIS Computer Service**
1. Entity Name

L 29986

DO NOT WRITE IN THIS SPACE

663897

2. Principal Place of Business
8548 GLENCAIRN LN
Suite, Apt. #, etc.

3. Mailing Address
8548 GLENCAIRN LN
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI LAKES FL
Zip
33016-1466 Country
USA

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4. FEI Number
650171632
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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7. Name and Address of Current Registered Agent

Name
VICTOR K. BONES

Street Address (P.O. Box Number is Not Acceptable)
16105 NE 18TH AVE

City
N MIAMI BEACH FL Zip Code
33162

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) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
CYNTHIA P. STACK
STREET ADDRESS
8548 GLENCAIRN LN
CITY - ST - ZIP
MIAMI LAKES FL 330161466

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Cynthia P. Stack, President** **Cynthia P. Stack** **4/30/02** **305-321-4448**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034B (12/01)