

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96792

1. Entity Name

X-NIX TECHNIK, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90088 033 ***158.75

Principal Place of Business

Mailing Address

5750 MARGATE BLVD
SUITE 205
MARGATE FL 33063
US

5750 MARGATE BLVD
SUITE 205
MARGATE FL 33063-3660
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3031335

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

ASHTON, PATRICIA G.
7824 SUNFLOWER DR
MARGATE FL 33063

Name **PATRICIA G. ALLEN**

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

7824 SUNFLOWER DR

City **MARGATE**

FL

Zip Code **33063**

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

Patricia G. Allen

PATRICIA G. ALLEN, VICE PRESIDENT

4/7/2000

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
PD
ALLEN, PETER
7824 SUNFLOWER DR
MARGATE FL

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VST
ASHTON, PATRICIA G.
7824 SUNFLOWER DR
MARGATE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ALLEN, PATRICIA G.
☒ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
D
ASHTON, PATRICIA G.
7824 SUNFLOWER DR
MARGATE FL

☐ Delete

TITLE
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ALLEN, PATRICIA G.
☒ Change ☐ Addition

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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:

Patricia G. Allen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICIA G. ALLEN

4/7/2000 (954) 971-6558

Date

Daytime Phone #

CR2E034 (9/99)