

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 19, 2001 08:00 AM**
Secretary of State**DOCUMENT # M61392**1. Entity Name
CAN-XANDRI, INC.**Principal Place of Business**% JOSE A. RIBA TILTON
7010 N.W. 50TH ST.
MIAMI
33166

FL

Mailing Address% JOSE A. RIBA TILTON
7010 N.W. 50TH ST.
MIAMI
33166

FL

2. Principal Place of Business**3. Mailing Address**

CAN-XANDRI, INC.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
7010 N.W. 50TH ST.

City & State

City & State
MIAMI

FL

Zip

Country

Zip

Country

33166

4. FEI Number**65-0025939**

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 AgentRIBA, JOSE A.
7010 NW 50 STMIAMI
33166

FL

US

7. Name and Address of New Registered Agent

Name

RIBA JR JOSE A

Street Address (P.O. Box Number is Not Acceptable)
7010 NW 50 STCity
MIAMI

FL

Zip Code
33166

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 **JOSE A. RIBA JR.****01/19/2001**

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 SM ☐ Delete
NAME RIBA, JOSE A.
STREET ADDRESS 1445 GARDEN ROAD
CITY-ST-ZIP WESTON FLTITLE SM ☒ Change ☐ Addition
NAME RIBA JOSE A
STREET ADDRESS 1445 GARDEN ROAD
CITY-ST-ZIP WESTON FLTITLE PD ☐ Delete
NAME RIBA TILTON, JOSE A.
STREET ADDRESS P.O. BOX 204-9A N/A
CITY-ST-ZIP PANAMA RETITLE PD ☒ Change ☐ Addition
NAME RIBA TILTON JOSE A
STREET ADDRESS P.O. BOX 204-9A N/A
CITY-ST-ZIP PANAMA RETITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: Jose A. Riba Jr.

SM

01/19/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)