

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 21, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P00000066531**1. Entity Name  
XTRODINAR' INVESTORS GROUP, INC.Principal Place of Business  
1110 NORTHWEST 75TH STREET  
MIAMI FL 33150Mailing Address  
1110 NORTHWEST 75TH STREET  
MIAMI FL 331502. Principal Place of Business  
14721 N.W. 15 DRIVE3. Mailing Address  
14721 N.W. 15 DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
MIAMI FLCity & State  
MIAMI FL4. FEI Number  
**65-1029772**Applied For  
Not ApplicableZip  
33167

Country

Zip  
33167

Country

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**SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE

CORAL GABLES FL 33134 US

Name

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

City FL Zip Code

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 \_\_\_\_\_ **02/21/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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  
NAME RAGIN SHEVONNE T ☐ Delete  
STREET ADDRESS 1110 NORTHWEST 75TH STREET  
CITY-ST-ZIP MIAMI FL 33150TITLE  
NAME RAGIN SHEVONNE T ☒ Change ☐ Addition  
STREET ADDRESS 14721 N.W. 15 DRIVE  
CITY-ST-ZIP MIAMI FL 33167TITLE  
NAME SD FINLAYSON CAROLYN ☐ Delete  
STREET ADDRESS 1110 NORTHWEST 75TH STREET  
CITY-ST-ZIP MIAMI FL 33150TITLE  
NAME SD FINLAYSON CAROLYN ☒ Change ☐ Addition  
STREET ADDRESS 14721 N.W. 15 DRIVE  
CITY-ST-ZIP MIAMI FL 33167TITLE  
NAME PD JOHNSON KIM L ☐ Delete  
STREET ADDRESS 1110 NORTHWEST 75TH STREET  
CITY-ST-ZIP MIAMI FL 33150TITLE  
NAME PD JOHNSON KIM L ☒ Change ☐ Addition  
STREET ADDRESS 14721 N.W. 15 DRIVE  
CITY-ST-ZIP MIAMI FL 33167TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Change ☐ Addition  
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:** Shevonne T. Ragin

TD 02/21/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)