

2001 UNIFORM BUSINESS REPORT (UBR)

5/11

FILED
Jun 20, 2001 8:00 am
Secretary of State

05-16-2001 90244 007 ***150.00

DOCUMENT # P00000080876

1. Entity Name

XENON GROUP, INC.

Principal Place of Business

**800 EAST BROWARD BLVD., STE. 310
 FT. LAUDERDALE FL 33301**

Mailing Address

**800 EAST BROWARD BLVD., STE. 310
 FT. LAUDERDALE FL 33301**

2. Principal Place of Business

3. Mailing Address

2520 S Miami Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FT Land FL

4. FEI Number

59-387-1932

Applied For

Not Applicable

Zip

Country

Zip

Country

33316 Broward

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

**HUGO, PAUL L
 800 EAST BROWARD BLVD., STE. 310
 FT. LAUDERDALE FL 33301**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/28/01

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 HUGO, PAUL L
 800 EAST BROWARD BLVD., STE. 310
 FT. LAUDERDALE FL 33301**

☐ Delete

TITLE
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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 Block 12 if changed, or on an attachment with an attorney-in-fact or other person empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

1/28/01

CR2E034 (10/00)