

FILED

May 18, 2001 8:00 am
Secretary of State

05-18-2001 91584 031 ***150.00

DOCUMENT # P 000000 99446

1. Entry Name

CXB Enterprises, Inc.

Principal Place of Business

14230 Lake Childs Ct
Miami Lakes, FL
33014

Mailing Address

14230 Lake Childs Ct
Miami Lakes, FL
33014

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FET Number

65-1047732

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

Baldino, Christian X.
14230 Lake Childs Ct.
Miami Lakes, FL 33014

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 the applicant

(NOTE: Registered Agent signature required when changing)

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

Annual Report Fee will be \$55.00

Must Check Payment 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
☐ Delete	PD Baldino, Christian X. 14230 Lake Childs Ct. Miami Lakes, FL 33014	☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ 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:

NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christian X. Baldino 9/30/01 305-2978
President

Date

City/State/Phone #

CR2004 (11/00)