

2002 UNIFORM BUSINESS REPORT (UBR)

0058320 AV

DOCUMENT # P01000015492
 1. Entity Name
TXT INC.

FILED
 03 AUG 20 AM 10:24
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
 1843 NORTH EAST MIAMI GARDENS DRIVE 1843 NORTH EAST MIAMI GARDENS DRIVE
 NORTH MIAMI BEACH FL 33162 NORTH MIAMI BEACH FL 33162



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
21250 NE 23 AVE. **21250 NE 23 AVE.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Miami FL **Miami FL**
 Zip Zip
33179 **33179**
 Country Country

4. FEI Number Applied For
65-1080661 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
COHEN, BOAZ
 1843 NORTH EAST MIAMI GARDENS DRIVE
 NORTH MIAMI BEACH FL 33162

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
21250 NE 23 AVE
 City State Zip Code
Miami FL 33179

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COHEN, BOAZ 1843 NORTH EAST MIAMI GARDENS DRIVE NORTH MIAMI BEACH FL 33162 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700022631387 08/28/03--01025--005 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **X** **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP20034 (4/02)

Attachment

LESLIE E. DOLIN PA, CPA

P01000015492

5285 SW 38 AVE.
FT. LAUDERDALE, FL 33312

Phone 954-965-4666
Fax 954-965-4665

August 14, 2003

Division Of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: TXT Annual Report- 2003- #P01000015492

Dear Sir or Madam:

Please find enclosed the 2003 Annual Report for the above corporation along with a check for \$150 payable to you for the annual filing fee.

On behalf of the above corporation I hereby request that you waive the \$400 late filing penalty required for reports filed after May 1, 2003. The corporation did not receive the original notice for renewal usually sent in January, only the second notice. If the original notice had been received it would have promptly filed as it always has been in the past. Further, the business is in a dire financial situation and the burden of this penalty would be a great hardship.

I thank you very much for your kindness and consideration in this matter.

Very truly yours,


LESLIE E. DOLIN, CPA