

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0353782 AV

DOCUMENT # P01000024723

1. Entity Name
LEXIS FINANCIAL GROUP, INC.



FILED

03 DEC 18 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 03

☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business
1900 W. COMMERCIAL BLVD., #119
FORT LAUDERDALE FL 33309

Mailing Address
9920 S. GRAND DUKE CIR.
TAMARAC FL 33321

2. Principal Place of Business *1900 West Commercial Blvd. Ft. Lauderdale, FL*

3. Mailing Address *North Lauderdale 2045 Champions Way FL 33068*

Suite, Apt. #, etc.
100

Suite, Apt. #, etc.

City & State
FT. Lauderdale, FL

City & State
North Lauderdale, FL

Zip
33309

Country
USA

Zip
33068

Country
USA

4. FEI Number *65-1084260*

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
300025778203

City
FL

Zip Code
*12/26/03--01081--016 **758.75*

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 *[Signature]* DATE *12/17/03*

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS OWENS, FIDEL M 9920 SOUTH GRAND DUKE CIRCLE TAMARAC FL 33321 <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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>2045 Champions Way North Lauderdale, FL 33068</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/17/03

Date Daytime Phone #

CR2E034 (10/02)