


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91777 037 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # <u>P02000032896</u>	
1. Entity Name <u>THE XXX GROUP, INC</u>	

DO NOT WRITE IN THIS SPACE

✓
11041115

2. Principal Place of Business <u>23205 SW 170 CT</u>	3. Mailing Address <u>23205 SW 170 CT</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <u>HOMESTEAD FL</u>	City & State <u>HOMESTEAD FL</u>
Zip <u>33031</u>	Country <u>MIAMI DADE</u>
Zip <u>33031</u>	Country <u>MIAMI-DADE</u>

4. FEI Number <u>02-0606857</u>	Applied For <input type="checkbox"/>
	Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name <u>DIXON, DWAYNE</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>23205 SW 170 CT</u>	
City <u>HOMESTEAD</u>	FL Zip Code <u>33031</u>

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 <u>DIRECTOR</u>	NAME <u>DIXON, DWAYNE</u>	STREET ADDRESS <u>23205 SW 170 CT</u>	CITY-ST-ZIP <u>HOMESTEAD, FL 33031</u>
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TITLE <u>DIRECTOR</u>	NAME <u>DIXON, FAITH</u>	STREET ADDRESS <u>23205 SW 170 CT</u>	CITY-ST-ZIP <u>HOMESTEAD, FL 33031</u>
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)