

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000010934

1. Entity Name  
LEXIT, INC.Principal Place of Business  
1429 SOROLLA AVE.  
CORAL GABLES FL 33134Mailing Address  
1429 SOROLLA AVE.  
CORAL GABLES FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Zip

Country

4. FEI Number

65-0573082

Applied For  
Not Applicable

5. Certificate of Status Desired

 \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

SCHIFF, JAMES M  
9130 S. DADELAND BLVD.  
SUITE 1609  
MIAMI FL 33156

## 7. Name and Address of New Registered Agent

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

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, 2002 Fee will be \$550.00  
Make Check Payable to Department of State10. Election Campaign Financing  
Trust Fund Contribution. \$5.00 May Be  
Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE: DPST  
NAME: AMADOR, PEDRO  
STREET ADDRESS: 1429 SOROLLA AVE.  
CITY-ST-ZIP: CORAL GABLES FL 33134 Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

 Change  AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Change  AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Change  AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Change  AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Change  AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Change  AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/02 (305)445-2227

Date

Daytime Phone #

021156  
AV

CR2E034 (9/01)