2001 UNIFORM BUSINESS REPORT (UBR)

May 15, 2001 8:00 am Secretary of State DOCUMENT # P96000053361 1. Entity Name ALEXANDRA'S XENOPHON INCORPORATED 05-15-2001 90129 014 ***150.00 Principal Place of Business Mailing Address 2771 LONG MEADOW DRIVE 2771 LONG MEADOW DRIVE 00053087 WEST PALM BEACH FL 33414 WEST PALM BEACH FL 33414 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0677745 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MIDDLEBROOK, HEIDE A Street Address (P.O. Box Number is Not Acceptable) 2771 LONG MEADOW DRIVE WEST PALM BEACH FL 33414 City 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, 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 FILE NOW!!! FEE IS \$150.00 Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME MIDDLEBROOK, HEIDE A NAME STREET ADDRESS STREET ADDRESS 2771 LONG MEADOW DRIVE CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33414 TITLE ☐ Delete TITLE ☐ Change Addition NAME MIDDLEBROOK, CHRISTOPHER T STREET ADDRESS 2771 LONG MEADOW DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33414 TITLE ☐ Delete TITLE Change - Addition NAME MIDDLEBROOK, JOHN S NAMÉ STREET ADDRESS 2771 LONG MEADOW DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33414 ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME

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 otherwise empowered.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

HEIDE A MIDDLEBROOK 4/27/01 561.793.680

3R2E034 (10/00)