## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # P96000087754

@XESS COMMUNICATIONS, INC.

## **FILED** Feb 11, 2002 8:00 am **Secretary of State**

02-11-2002 90190 037 \*\*\*150.00

	DO NOT WRITE	819564				
2. Principal Place of Business One Financial Plaza, Suite 2504		3. Mailing Address One Financial Plaza, Suite 2504				
Suite, Apt. #, etc. 100 S.E. 3rd Avenue		Suite, Apt. #, etc. 100 S.E. 3rd Avenue		DO NOT WRITE IN THIS SPACE		
City & State Fort Lauderdale, FL		City & State Fort Lauderdale, FL		4. FEI Number 59–3404940		Applied For Not Applicable
Zip 33309	Country USA	Zip 33309	Country USA	5. Certificate of Status Desired		8.75 Additional ee Required
7. Name and Address of Current Registered Agent Name Richard M. Andzel Street Address (P.O. Box Number is Not Acceptable) One Financial Plaza, Suite 2504 100 S.E. 3rd Avenue						
	named entity submits this statement for			Lauderdale	FL	Zip Code 33309
SIGNATURE    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 filling requirement and elects to do so. (See criteria on back)    Make Check Payable to Department of State   Make						
11. ,	OFFICERS AND	In the second of	7	A CONTRACTOR OF THE SECOND SEC		1 1 2 60 0 F 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.S.T.D Andzel, Richard M. One Financial Plaza 100 S.E. 3rd Avenue		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Fort Lauderdale, FI	33309	NAME STREET ADDRESS CITY-ST-ZIP			
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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 reference trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other fixe empowered.

**SIGNATURE:** 

1. Entity Name

INTED NAME OF SIGNING OFFICER OR DIRECTOR

@XESS Communications, Inc.
One Financial Plaza, Suite 2504
100 S.E. 3rd Avenue
Fort Lauderdale, Florida 33309

Florida Division of Corporations P.O. Box 1500 Tallahassee, Florida 32302-1500

Ladies and Gentlemen:

Enclosed please find for immediate filing @XESS Communications, Inc.'s Uniform Business Report along with a check in the amount of \$150.00 payable to "Florida Department of State" to cover the filing fee.

Please do not hesitate to contact me if you have any questions. Thank you for your attention to this matter.

Sincerely,

Richard M. Andzel President

243803