

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000045213

1. Entity Name  
XHII, INC.

Principal Place of Business Mailing Address  
2800 Ponce de Leon Blvd. 2800 Ponce de Leon Blvd.  
Suite 1125 Suite 1125  
Coral Gables, Florida Coral Gables, Florida  
33134 33134

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 65-0760473 Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

BREIER, ROBERT G.  
2800 PONCE DE LEON BOULEVARD #1125  
CORAL GABLES, FLORIDA 33134

## 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 \_\_\_\_\_ (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, 2001, Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE D/P ☐ Delete  
NAME Chaplin, Wayne E  
STREET ADDRESS 2800 Ponce de Leon Blvd. #1125  
CITY-ST-ZIP Coral Gables, Florida 33134

TITLE S/T ☐ Delete  
NAME Hager, Lee F.  
STREET ADDRESS 2800 Ponce de Leon Blvd. #1125  
CITY-ST-ZIP Coral Gables, Florida 33134

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME 300004533743-0  
STREET ADDRESS -08/14/01--01043--016  
CITY-ST-ZIP \*\*\*\*\*550.00 \*\*\*\*\*550.00

TITLE ☐ Change ☐ Addition  
NAME 300004533743-0  
STREET ADDRESS -08/14/01--01043--017  
CITY-ST-ZIP \*\*\*\*\*8.75 \*\*\*\*\*8.75

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 VP, Secy Lee F Hager 07/19/01 305-625-4171  
Date Daytime Phone #

FILED  
01 JUL 20 PM 2:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)