

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2001 8:00 am
Secretary of State

08-13-2001 90065 037 ***558.75

DOCUMENT # P98000037248

1. Entity Name

XNTRIX OF PALM BEACH, INC.

Principal Place of Business

**918B PARK AVENUE
 LAKE PARK FL 33403**

Mailing Address

**918B PARK AVENUE
 LAKE PARK FL 33403**

2. Principal Place of Business

**200 Village Green Cir E.
 Suite, Apt. #, etc.
 K204**

3. Mailing Address

**P.O. Box 20981
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State

Palm Springs, FL

City & State

West Palm Beach, FLA

4. FEI Number

65-0830757

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 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

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input checked="" type="checkbox"/> Delete
NAME	PETERS, THOMAS G	
STREET ADDRESS	918B PARK AVENUE	
CITY-ST-ZIP	LAKE PARK FL 33403	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	JOPEK-PETERS, JOYCE	
STREET ADDRESS	918B PARK AVENUE	
CITY-ST-ZIP	LAKE PARK FL 33403	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	PETERS, THOMAS G	
STREET ADDRESS	200 Village Green E. K204	
CITY-ST-ZIP	Palm Springs, FL 33461	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	Joyce Peters, Joyce	
STREET ADDRESS	200 Village Green E. K204	
CITY-ST-ZIP	Palm Springs, FL 33461	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/22/01 361 2364506

Date

Daytime Phone #

CR2E034 (5/01)