

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000054451

1. Entity Name

XAVI CORPORATION

FILED
Feb 10, 2000 8:00 am
Secretary of State

02-10-2000 90053 004 ***150.00

Principal Place of Business

4400 BISCAYNE BLVD.
MIAMI FL 33137

Mailing Address

4400 BISCAYNE BLVD.
MIAMI FL 33137-3212

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

65-0847835

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TABERNILLA, ARMANDO A
4400 BISCAYNE BLVD.
MIAMI FL 33137

Name

Gillespie, Carol J.

Street Address (P.O. Box Number is Not Acceptable)

4400 Biscayne Boulevard

City

Miami

FL

Zip Code
33137

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

Carol J. Gillespie

Carol J. Gillespie

2/3/00

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, 2000 Fee will be \$550.00
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 **P** ☐ Delete
NAME **FLANZRAICH, NEIL**
STREET ADDRESS **4400 BISCAYNE BLVD**
CITY-ST-ZIP **MIAMI FL 33137**

TITLE **AS** ☐ Change ☒ Addition
NAME **Nation, Marianne Hurd**
STREET ADDRESS **4400 Biscayne Boulevard**
CITY-ST-ZIP **Miami, FL 33137** ☐ Change ☐ Addition

TITLE **DVP** ☐ Delete
NAME **BEIER, THOMAS E**
STREET ADDRESS **4400 BISCAYNE BLVD.**
CITY-ST-ZIP **MIAMI FL 33137**

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

TITLE **D** ☐ Delete
NAME **HENEIN, RAFICK G**
STREET ADDRESS **4400 BISCAYNE BLVD.**
CITY-ST-ZIP **MIAMI FL 33137**

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

TITLE **DS** ☐ Delete
NAME **GILLISPIE, CAROL J**
STREET ADDRESS **4400 BISCAYNE BLVD**
CITY-ST-ZIP **MIAMI FL 33137**

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

TITLE **T** ☐ Delete
NAME **SIEGEL, JORDAN**
STREET ADDRESS **4400 BIDCAYNE BLVD**
CITY-ST-ZIP **MIAMI FL 33137**

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

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
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:

Carol J. Gillespie

Carol J. Gillespie

2/3/00

Date

305-575

Daytime Phone #

CR2E034 (9/99)