

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000057929**

1. Entity Name

**LEXILINE, INC.****FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90789 031 \*\*\*158.75

Principal Place of Business

**231 ARRAGON AVE  
CORAL GABLES FL 33134**

Mailing Address

**231 ARRAGON AVE  
CORAL GABLES FL 33134-5008**

2. Principal Place of Business

**3809 Estepona Ave**

3. Mailing Address

**3809 Estepona Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

**Miami, Florida**

City &amp; State

**Miami, Florida**

Zip

**33178**

Country

Zip

**33178**

Country

4. FEI Number

**65-0846611**

Applied For

Not Applicable

5. Certificate of Status Desired

☒**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**FRAGONO, LISA  
231 ARRAGON AVE  
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **Fragano Lisa**

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

**3809 Estepona Ave.**City **Miami****FL**

Zip Code

**33178**

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 \$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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FRAGANO, LISA</b>	
STREET ADDRESS	<b>231 ARRAGON AVE</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FRAGANO, VINCENT</b>	
STREET ADDRESS	<b>231 ARRAGON AVE</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FRANGO, LILIA H</b>	
STREET ADDRESS	<b>231 ARAGON AVE.</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>3809 Estepona Ave.</b>	
CITY-ST-ZIP	<b>Miami, FL 33178</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>3809 Estepona Ave.</b>	
CITY-ST-ZIP	<b>Miami, FL 33178</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>3809 Estepona Ave</b>	
CITY-ST-ZIP	<b>Miami, FL 33178</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/17/00 (305) 406 2563**

Date

Daytime Phone #

CR2E034 (9/99)