

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000040368

1. Entity Name  
**XO INTERNATIONAL, INC.**

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90280 020 \*\*\*150.00

Principal Place of Business  
**18305 BISCAYNE BLVD.,STE.300**  
**LDG.**  
**AVENTURA FL 33160**

Mailing Address  
**18305 BISCAYNE BLVD.,STE.300**  
**LDG.**  
**AVENTURA FL 33160**

2. Principal Place of Business  
**4798 BRIGHTON LAKES**  
Suite, Apt. #, etc. **BLVD**

3. Mailing Address  
**4798 BRIGHTON LAKES**  
Suite, Apt. #, etc. **BLVD**

City & State  
**BONITON BEACH, FL**  
Zip  
**33484**  
Country  
**US.**

City & State  
**BONITON BEACH, FL**  
Zip  
**33436**  
Country  
**US.**

4. FEI Number **65-0940781**

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**BURTON, RICHARD J**  
**18305 BISCAYNE BLVD.,STE.300,NATIONSBANK B**  
**LDG.**  
**AVENTURA FL 33160**

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City 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 Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**BURTON, RICHARD J**  
**18305 BISCAYNE BLVD.,STE.300**  
**AVENTURA FL 33160**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRES**  
**DIANA DOWNS**  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/20/01**  
Date

**736-8557**  
Daytime Phone #

CR2E034 (10/00)