

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000044342

1. Entity Name

EXXAN CORP.

Principal Place of Business

Mailing Address

11077 BISCAYNE BLVD STE 307
MIAMI FL 33161

11077 BISCAYNE BLVD STE 307
MIAMI FL 33161-7490

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

BARON, RICHARD
11077 BISCAYNE BLVD STE 307
MIAMI FL 33161

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 \$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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
D	BARON, RICHARD	11077 BISCAYNE BLVD STE 307	MIAMI FL 33161	
	President	Andrew Turkell	204 Seabreeze	<input type="checkbox"/> Delete
		Delray Beach, FL	33483	
	Vice Pres.	William Kissel	16064 Via Monteverde	<input type="checkbox"/> Delete
		Delray Beach, FL	33446	
	Treas.	Arthur L. Beloff	61 Curlew Rd	<input type="checkbox"/> Delete
		Manalapan, FL	33462	
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> 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

Arthur L. Beloff

Date

Daytime Phone #

561 540 3510

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90017 021 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-092-6975

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**