## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P99000075434** Apr 14, 2000 8:00 am Secretary of State XANDER OF SOUTH FLORIDA INC. 04-14-2000 90074 017 \*\*\*150.00 Principal Place of Business Mailing Address 735 NW 35 STREET 735 NW 35 STREET OAKLAND PARK FL 33309 OAKLAND PARK FL 33309-5002 3. Mailing Address 2. Principal Place of Business 500 S. Ocean 1500 S. Ocean Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. KIZ Applied For 4. FEI Number City & State City & State 65-096 7699 <u>llywood</u> Not Applicable Hollywood Country \$8.75 Additional 5. Certificate of Status Desired 3019 usa Fee Required 3301 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent-Richard BECK, RICHARD Street Address (P.O. Box Number is Not Acceptable) **735 NW 35 STREET** OAKLAND PARK FL 33309 1500 S. Ocean Dr., K12 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Added to Fees Trust Fund Contribution. (See criteria on back) Ø Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD PD **Change** ☐ Addition TITLE 🗵 Delete TiTLE **BECK, RICHARD** NAME NAME 4. Ocean Dr. 12K STREET ADDRESS STREET ADDRESS 735 NW 35 STREET CITY-ST-ZIP OAKLAND PARK FL 33309 CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TOTLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS 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.

IGNING OFFICER OR DIRECTOR

Daytime Phone #