

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000107161

1. Entity Name

XYZ, CORP.

**FILED**  
**Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90104 016 \*\*\*150.00

Principal Place of Business

Mailing Address

2601 S. BAYSHORE DRIVE  
SUITE 1200  
COCONUT GROVE FL 33133

2601 S. BAYSHORE DRIVE  
SUITE 1200  
COCONUT GROVE FL 33133

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

☒ 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

SLOSBERGAS, NELSON ESQ.  
501 BRICKELL KEY DRIVE  
SUITE 400  
MIAMI FL 33131

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	PD	<input type="checkbox"/> Delete
NAME	BEEBE, PETER	
STREET ADDRESS	2601 S. BAYSHORE DRIVE SUITE 1200	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FREEMAN, STEPHEN A	
STREET ADDRESS	520 BRICKELL KEY DRIVE SUITE 0-305	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BEEBE, PETER	
STREET ADDRESS	2601 SOUTH BAYSHORE DRIVE SUITE 1200	
CITY-ST-ZIP	COCONUT FL 33133	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SLOSBERGAS, STEPHEN A	
STREET ADDRESS	520 BRICKELL KEY DRIVE SUITE 0-305	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SLOSBERGAS, NELSON	
STREET ADDRESS	501 BRICKELL KEY DRIVE SUITE 400	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	
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

3/1/00 (305)860-0770

Date

Daytime Phone #

CR2E034 (9/99)