2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000107161

1. Entity Name

XYZ, CORP.

Principal Place of Business	Mailing Address
2601 S. BAYSHORE DRIVE	2601 S. BAYSHORE DRIVE
SUITE 1200	SUITE 1200
COCONUT GROVE FL 33133	COCONUT GROVE FL 33133

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State	**4.** FEI Number **65-1055275**	Applied For / Not Applicable
Zip / Country	Zip / Country	**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, 2002 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	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE PD ☑Delete NAME BEEBE, PETER STREET ADDRESS 2601 S. BAYSHORE DRIVE SUITE 1200 CITY-ST-ZIP COCONUT GROVE FL 33133	TITLE *PRESIDENT* ☐ Change ☑Addition NAME *JOSEPH HORN* STREET ADDRESS *2601 S. Bayshore DR. # 1200* CITY-ST-ZIP *Coconut Grove, FL, 33133*
TITLE SD ☐ Delete NAME FREEMAN, STEPHEN A STREET ADDRESS 520 BRICKELL KEY DRIVE SUITE 0-305 CITY-ST-ZIP MIAMI FL 33131	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE TD ☑Delete NAME BEEBE, PETER STREET ADDRESS 2601 SOUTH BAYSHORE DRIVE SUITE 1200 CITY-ST-ZIP COCONUT FL 33133	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE VPD ☐ Delete NAME SLOSBERGAS, STEPHEN A STREET ADDRESS 520 BRICKELL KEY DRIVE SUITE 0-305 CITY-ST-ZIP MIAMI FL 33131	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE SD ☐ Delete NAME SLOSBERGAS, NELSON STREET ADDRESS 501 BRICKELL KEY DRIVE SUITE 400 CITY-ST-ZIP COCONUT GROVE FL 33133	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP

CR2E034 (9/01)

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 REQUIRED   *2/6/02*   *305 860 0770*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #