## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # V06028**

1. Entity Name

W.X. PROPERTIES, INC.

## Apr 03, 2000 8:00 am Secretary of State 04-03-2000 90164 021 \*\*\*150.00

Principal Place of Business			Mailing Address									
100 CENTURY BLVD WEST PALM BEACH FL 33417 US			100 CENTURY BLVD WEST PALM BEACH FL 33417-2262 US				1 ( <b>133</b> 1) <b>\$1(8</b> ()	8812 <b>0 3</b> 014 <b>30</b> 14 31	<b>                                    </b>	hidir Azāzi Arātr Dr	011 S/821 (83)	
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #	, etc.		Suite, Apt. #, etc.					DO NOT WE	RITE IN THI	\$ SPACE		
City & State			City & State			4. F	4. FEI Number 65-0328169				pplied For ot Applicable	
Zip	Count	try	Zip Country			5. (	5. Certificate of Status Desired   \$8.75 Additional Fee Required					
	6. Name and Ad	dress of Current Re				7. N	7. Name and Address of New Registered Agent					
					Name							
HAUFF, ELAINE 100 CENTURY BLVD				Į	Street Address (P.O. Box Number is Not Acceptable)							
WEST	PALM BEACH F	L 33417										
					City			<u> </u>	F	L Zip Cod	de	
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												
s	ignature, typed or printed n	ame of registered agent and i	title if applicable (NOTE	Registered	Agent signatu	re required when re	einstating)		UATE			
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 After MAY 1, 2000 Fee will be \$ Make Check Payable to Departme			50.00		on Campaign I Fund Contribut	•		O May Be d to Fees	
11.		OFFICERS AND DIF	I RECTORS	12.		AD	DITIONS/CI	HANGES TO O	FFICERS AI	ND DIRECTOR	RS IN 11	
TITLE	С		☐ Delete	TITLE						Change	☐ Addition	
NAME	LEVY, H. IRWIN			NAME							!	
STREET ADDRESS	100 CENTURY B			T ADDRESS								
CITY-ST-ZIP	WEST PALM BEA	ACH FL 33417			ST-ZIP					_		
TITLE	VT	,	☐ Delete	TITLE						Change	☐ Addition ☐	
	HAUFF, ELAINE	1. m		NAME								
	100 CENTURY B				T ADDRESS   ST-ZIP						1	
i	W PALM BCH FL S	_ 3341/				·				☐ Change	Addition	
TITLE NAME	FLOYD, ORILLA		Delete	TITLE NAME							Addition	
	100 CENTURY B	מעו			T ADDRESS							
	WEST PALM BE			CITY-	ST-ZIP							
	DP		Delete	TITLE			<del></del>			☐ Change	☐ Addition	
	MESHON, LOUIS	S SR.		NAME								
STREET ADDRESS	100 CENTURY BLVD.				T ADDRESS							
CITY-ST-ZIP	WEST PALM BEA	ACH FL 33417		CITY-	ST-ZIP							
TITLE			☐ Delete	TITLE						☐ Change	☐ Addition	
NAME				NAME	- 1							
STREET ADDRESS					T ADDRESS ST-ZIP							
CITY-ST-ZIP										Change	Addition	
TITLE			☐ Delete	TITLE							☐ Addition	
NAME STREET ADDRESS					T ADDRESS							
CITY-ST-ZIP					ST-ZIP							
								Florida Statute	a ) trusta a r			

indicated on this report or supplied with the information indicated on this report or suppliemental 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 apparament with an address, with all other like empowered.

Elaine Hauff, V.P. HE OF SIGNING OFFICER OR DIRECTOR

3/21/2000

(561) 640-3126

Daytime Phone #