

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90321 003 ***150.00

DOCUMENT # M11360
1. Entity Name
Xerotech Corporation

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>16115 Sw 117 Ave</u> Suite, Apt. #, etc. <u>A-18</u> City & State <u>Miami FL</u> Zip <u>33177</u> Country <u>US</u>		3. Mailing Address <u>16115 Sw 117 Ave</u> Suite, Apt. #, etc. <u>A-18</u> City & State <u>Miami FL</u> Zip <u>33177</u> Country <u>US</u>	
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4. FEI Number <u>59-2504965</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent
Name Smith Hector
Street Address (P.O. Box Number is Not Acceptable)
100 Lincoln Pk apt 308
City Miami Beach FL Zip Code 33139

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>PO Smith Hector</u> <u>100 Lincoln Pk apt. 308</u> <u>Miami Beach FL 33139</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like approvers.

SIGNATURE: [Signature] 4-9-02 305-238-8009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)