

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2000 8:00 am**  
**Secretary of State**

05-20-2000 90010 014 \*\*\*150.00

B0091516

**DOCUMENT #M11366**

**1. Entity Name**  
**XEROTECH CORPORATION**

**Principal Place of Business**  
 16115 SW 117 ave. A-18  
 Miami FL 33177

**Mailing Address**  
 16115 SW 117 ave. A-18  
 Miami FL 33177

**2. Principal Place of Business**  
 Suite, Apt. #, etc.  
 City & State  
 Zip

**3. Mailing Address**  
 Suite, Apt. #, etc.  
 City & State  
 Zip

**4. FEI Number**  
 59-2504965

**Applied For**  
 Not Applicable

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

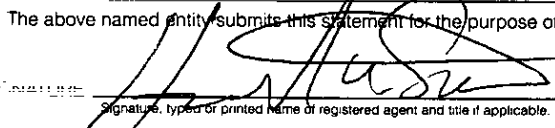
Smith, Hector  
 100 Lincoln Road # 308  
 Miami Beach FL 33179

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City

FL Zip Code

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)

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**

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
ADDRESS ST ZIP Smith Hector 100 Lincoln Road # 308 Miami Beach FL 33179	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (9/99)

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 reports 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:**  **DATE:** \_\_\_\_\_ **Daytime Phone #** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR