

2001 UNIFORM BUSINESS REPORT (UBR)

0000732 AF

DOCUMENT # L000000001566

1. Entity Name
XAC COMPANY, L.L.C.

FILED

01 APR -9 AM 7:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
901 PONCE DE LEON BLVD
STE 601
CORAL GABLES FL 33134

Mailing Address
901 PONCE DE LEON BLVD
STE 601
CORAL GABLES FL 33134

2. Principal Place of Business
999 PONCE DE LEON BLVD.

3. Mailing Address
999 PONCE DE LEON BLVD.

Suite, Apt. #, etc.
SUITE # 1105

Suite, Apt. #, etc.
SUITE # 1105

City & State
CORAL GABLES, FLORIDA

City & State
CORAL GABLES, FLORIDA

Zip
33134

Country
USA

Zip
33134

Country
USA

4. FEI Number 65-0982603

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ALBORNOZ, WILLIAM H
901 PONCE DE LEON BLVD
STE 601
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name
CARRILLO, GUILLERMO

Street Address (P.O. Box Number is Not Acceptable)
999 PONCE DE LEON BLVD
SUITE # 1105

City
CORAL GABLES

FL

Zip Code
33134

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 GUILLERMO CARRILLO, MANAGER 4/2/2001

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
OFFBLUE CORPORATION
901 PONCE DE LEON BLVD SUITE 603
CORAL GABLES FL 33134

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
ARBA CORPORATION
999 PONCE DE LEON BLVD. SUITE # 1105
CORAL GABLES, FL 33134

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
OFFBLUE CORPORATION
999 PONCE DE LEON BLVD. SUITE # 1105
CORAL GABLES, FL 33134

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 4/2/2001 (305) 774-6565

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)