

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003615

1. Entity Name

X'ARTE, INC.

FILED

May 24, 2002 8:00 am
Secretary of State

05-24-2002 91311 013 ****61.25

0012373

Principal Place of Business

Mailing Address

2420 E JEFFERSON STREET
ORLANDO FL 32803
US

2420 E JEFFERSON STREET
ORLANDO FL 32803
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3257617

Applied For

Not Applicable

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

NEFF, MYLES J
8775 NW 60TH AVE
OCALA FL 32675

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME NEFF, JASON
STREET ADDRESS 1906 E ROBINSON ST
CITY-ST-ZIP ORLANDO FL 32803

TITLE PD ☒ Change ☐ Addition
NAME Neff, Jason
STREET ADDRESS 2420 E. Jefferson St.
CITY-ST-ZIP Orlando, FL. 32803

TITLE PD ☒ Delete
NAME PEREZ, VICTOR
STREET ADDRESS 1434 E GORE STREET, #1
CITY-ST-ZIP ORLANDO FL 32806

TITLE PD ☒ Change ☒ Addition
NAME Betancourt, Nelson
STREET ADDRESS 2420 E. Jefferson St
CITY-ST-ZIP Orlando, FL. 32803

TITLE PD ☒ Delete
NAME STEVENS, KELLY
STREET ADDRESS 213 WHITTIER CIRCLE
CITY-ST-ZIP ORLANDO FL 32806

TITLE PD ☒ Change ☒ Addition
NAME Mashella, Phillip
STREET ADDRESS 2420 E. Jefferson St.
CITY-ST-ZIP Orlando, FL. 32803

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)