2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

2001	UNIFORM B	USINESS REPO	RT	(UBR)		FIL		_	
DOCUMENT # P0000004564 1. Entity Names, XTRAWAY, INC.						Sep 18, 2001 8:00 am Secretary of State 09-18-2001 90005 043 ***150.00			
Principal Place 8333 NORTHW MIAMI FL 3314	EST 66 STREET	Mailing Address 8333 NORTHWEST 66 ST MIAMI FL 33166	8333 NORTHWEST 66 STREET						
2. Principal P	ace of Business	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN T	HIS SPACE		
City & State		City & State	City & State			4. FEI Number		plied For	
	Country	Zip	Zip Country			(05 - 0974623 Not Applicable \$8.75 Additional			
Zip		·				5. Certificate of Status Desired	Fee Require		
	6. Name and Address of	Current Registered Agent		Name .		7. Name and Address of New Registe OANNA RUSSO			
SPIEGEL & UTRERA, P.A.						O. Box Number is Not Acceptable)	· -		
343 ALMERIA AVENUE CORAL GABLES FL 33134				8333 NW 66TH STREET					
CURAL GABLES PL 33134				City MIAMI FL Zip Code 166					
SIGNATURE _ 9. This corpo Tax filing r	Signature, typed or printed name of regist oration is eligible to satisfy its Intequirement and elects to do so	ered agent and title if applicable. (NOT stangible on the stangible of the	Registere	d Agent signature rei IS \$550.00 Fee will be \$7	quired wh	nen reinstating) 0. 10. Election Campaign Financing Trust Fund Contribution.		0 May Be	
<u> </u>	ia on back)	Make Check Payal		epartment of		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARMOLEJOS, FEDERIC 8333 NORTHWEST 66 ST MIAMI FL 33166					ADDITIONS/CHANGES TO OFFICERS	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RUSSO, JOANNA 8333 NORTHWEST 66 ST MIAMI FL 33166	□ Delete					☐ Change	Addition	
TITLE NAME STREET ADDRESS.	WILKING TE SOURCE	Delete		EET ADDRESS	. •		☐ Change	Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITL				Change .	Addition	
CITY-ST-ZIP TITLE NAME		☐ Delete	CITY TITL NAM				☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS '-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	Addition	
13. I hereby of indicated of the core	l on this report or supplementa rporation or the receiver or trus	l report is true and accurate and that :	r the exemy signal	emption stated in	the sai	tion 119.07(3)(i), Florida Statutes. I furth time legal effect as if made under oath; the Florida Statutes; and that my name appi	nati am an omcer	OF UPPECTOR 1	

Date

Daytime Phone #



AHACHMENT AW86308

Sunday, September 09, 2001

Florida Department of State Division of Corporations P.O. Box 6327

Tallahassee, Florida 32312

Re.: Document No.: P00000004564 - Xtraway, Inc.

Dear Sir/Madam,

I am writing to you at this time to ask for your help in the following:

We are in receipt of the above referenced document where we are instructed to remit payment of \$550.00 to file it.

We contacted 850.488.9000 and asked why is it that we had to pay so much money after some friends have told me that it is usually \$150.00. I was told that we had a \$400.00 penalty for filing the document after the original deadline. I told her that I did not see a previous document and that I did not know that I had to pay for this every year. This will be our first year.

It is because of the above that I ask you to please waive the penalty of \$400.00 this time, as I know from now on that this will happen every year. Our company, although active, is not making any money at all. We are just struggling to keep it open. Otherwise we will have to shut it down because, honestly, we do not have \$550.00 at this time.

Enclosed, please find a check for \$150.00 to cover the filing for this year. Please do not think that I am imposing this on you, I just want to beat the current deadline of 12SEP2001.

Thank you in advance for your help and understanding.

Regards,

Joanna Russo Xtraway, Inc.