

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90185 048 ***150.00

DOCUMENT # P00000104298

1. Entity Name
OXER FINANCIAL, INCORPORATED



Principal Place of Business
**900 CLEMAKS CT
206
WEST PALM BEACH FL 33401**

Mailing Address
**900 CLEMAKS CT
206
WEST PALM BEACH FL 33401**



2. Principal Place of Business
400 Clematis st.

3. Mailing Address
400 Clematis

Suite, Apt. #, etc.
Suite 206, #

Suite, Apt. #, etc.
Suite 206

City & State
West Palm Beach, Fla.

City & State
West Palm Beach.

Zip
33401

Country
USA.

Zip
33401

Country
USA.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1060505**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LUJAN, ERNESTO A
30 VIA DEL CORSO
PALM BEACH GARDENS
WEST PALM BEACH FL 33418**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD LUJAN, ERNESTO A 400 CLEMATIS ST. STE 206 WEST PALM BEACH FL 33401 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 607, 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

2-4-2003 561-833-3376

Date Daytime Phone #

CR2E034 (10/02)