

FILED
Jul 22, 2002 8:00 am
Secretary of State

06-19-2002 90462 037 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000094541

1. Entity Name
XCESO INTERNATIONAL, INC.

Principal Place of Business
7351 N.W. 7TH STREET
UNIT H
MIAMI FL

Mailing Address
7351 N.W. 7TH STREET
UNIT H
MIAMI FL

39039



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1143695**

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

ORTEGA, LINA M
7351 N.W. 7TH STREET
UNIT H
MIAMI FL

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 installing)

DATE

9. 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, 2002 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**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD**
 NAME **ORTEGA, LINA M**
 STREET ADDRESS **12901 N.W. 1ST STREET APT 211**
 CITY-ST-ZIP **PEMBROKE PINE FL 33028**

TITLE **PD**
 NAME **ORTEGA, LINA M.**
 STREET ADDRESS **7331 N.W. 72 AV showroom 2AAG0**
 CITY-ST-ZIP **Miami FL, 33126**

TITLE **STD**
 NAME **DIAZ, JORGE**
 STREET ADDRESS **12901 N.W. 1ST STREET APT 211**
 CITY-ST-ZIP **PEMBROKE PINE FL 33028**

TITLE **STD**
 NAME **DIAZ, JORGE**
 STREET ADDRESS **7331 N.W. 72 AV showroom 2AAG0**
 CITY-ST-ZIP **Miami FL, 33126**

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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Apr 26 / 02

CR2004 (9/01)