

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-17-2003 90165 026 ***150.00

DOCUMENT # P01000094541

1. Entity Name
XCESO INTERNATIONAL, INC.



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

Mailing Address
2315 NW 107 AVE.
1M45
MIAMI FL 33172

10076075

2. Principal Place of Business
2315 NW 107 AVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1M45

City & State
MIAMI FL

City & State

4. FEI Number **65-1143695**

Applied For
Not Applicable

Zip
33172

Country
MIAMI-DADE

Zip

Country

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 **ORTEGA, LINA M.**
Street Address (P.O. Box Number is Not Acceptable)
2315 NW 107 AVE
1M45
City **MIAMI** FL Zip Code **33172**

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]*

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **ORTEGA, LINA M**
STREET ADDRESS **777 NW 72ND AVE., SHOWROOM 2AA60**
CITY-ST-ZIP **MIAMI FL 33128**

TITLE ☒ Change ☐ Addition
NAME **ORTEGA, LINA M**
STREET ADDRESS **2315 NW 107 AVE, 1M45**
CITY-ST-ZIP **MIAMI FL 33172**

TITLE **STD** ☐ Delete
NAME **DIAZ, JORGE**
STREET ADDRESS **777 NW 72ND AVE., SHOWROOM 2AA60**
CITY-ST-ZIP **MIAMI FL 33128**

TITLE ☒ Change ☐ Addition
NAME **DIAZ, JORGE**
STREET ADDRESS **2315 NW 107 AVE**
CITY-ST-ZIP **MIAMI FL 33172**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 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

Date

Daytime Phone #

CR2E034 (10/02)