

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2003 8:00 am**  
**Secretary of State**

03-27-2003 90088 005 \*\*\*150.00

DOCUMENT # P01000098195

1. Entity Name  
XCESO ENTERPRISES, INC.



Principal Place of Business  
777 NW 72ND AVENUE  
2AA60  
MIAMI FL 33126

Mailing Address  
777 NW 72ND AVENUE  
2AA60  
MIAMI FL 33126



2. Principal Place of Business

2315 NW 107 AVENUE

3. Mailing Address

2315 NW 107 AVENUE

Suite, Apt. #, etc.

1M45

Suite, Apt. #, etc.

1M45

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-1145197

Applied For

Not Applicable

Zip

33172

Country

MIAMI-DADE

Zip

33172

Country

MIAMI-DADE

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

NAVARRO, RENE  
1801 S.W. CORAL WAY  
SUITE 204  
MIAMI FL 33145

Name

LINA M. ORTEGA

Street Address (P.O. Box Number is Not Acceptable)

2315 NW 107 AVENUE 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

*Lina M. Ortega*

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 18248 SW 3RD STREET  
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE ☒ Change ☐ Addition  
NAME ☒ Change ☐ Addition  
STREET ADDRESS 2315 NW 107 AVENUE, 1M45  
CITY-ST-ZIP MIAMI, FL 33172

TITLE STD ☐ Delete  
NAME DIAZ, JORGE  
STREET ADDRESS 18248 SW 3RD STREET  
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE ☒ Change ☐ Addition  
NAME ☒ Change ☐ Addition  
STREET ADDRESS 2315 NW 107 AVENUE, 1M45  
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  
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 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:

*Lina M. Ortega*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)