

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000109104

1. Entity Name

XEENA O, INC.



FILED

03 FEB 18 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

700012975257
02/24/03--01006--002 **\$300.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
360 COMMERCIAL COURT

Suite, Apt. #, etc.

3. Mailing Address
1420 COURT STREET

Suite, Apt. #, etc.

City & State
VENICE, FL

City & State
ST. PETERSBURG, FL

4. FEI Number

65-1152909

Applied For

Not Applicable

Zip
34292

Country
USA

Zip
33765

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name OSAMA KHAZENDAR

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

1560 GULF BLVD #804

City ST. PETERSBURG

FL

Zip Code
33767

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

2-13-03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
PRES.
OSAMA KHAZENDAR
1560 GULF BLVD #804, ST. PETE 33767

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-03

Date

Daytime Phone #

CR2EU34B (12/02)

Attachment
DOC# P01000109104

Carregal Accounting Service

10809 N. 56th Street, Temple Terrace, Florida 33617
(813)877-6371 FAX(813)868-0774

State of Florida
Division of Corporations
PO BOX 6327
Tallahassee, Florida 32314

13 February 2003

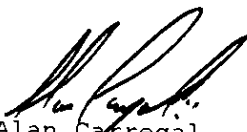
RE: XEENA, INC DOC#P01000109104

To Whom It Concern:

This letter is to inform you that my client, Mr. Osama Khazendar never received his UBR forms for the past 2 years. The principle mailing address for the corporation is 1420 Court Street, Clearwater, FL 33765 and has been for the past 2 years.

We are requesting that any filing fees be waived and per my conversation with a state agent enclosed please find a check for \$300.00 and a reinstatement application.

Sincerely,


Alan Carregal

2/20/03
2:37 PM
10809 N. 56th Street

Temple Terrace, FL 33617
(813)877-6371