

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

FILED

03 NOV 17 PM 4:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000053050

1. Entity Name

Xo Networks, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2240 Arcadia Dr.

3. Mailing Address
2240 Arcadia Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miramar, Florida

City & State
Miramar, Florida

4. FEI Number 02-0611119

Applied For
Not Applicable

Zip
33023

Country
USA

Zip
33023

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 Gilberto E. Napoles

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

2240 Arcadia Dr.

City Miramar

FL Zip Code
33023

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

Gilberto E. Napoles, Pres.

09/29/2003

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

President, Treasurer
Gilberto E. Napoles
2240 Arcadia Dr.
Miramar, FL 33023

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000023619050

11/17/03--01098--003 **200.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Vice President, Secretary
Elsa B. Napoles
2240 Arcadia Dr.
Miramar, FL 33023

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 empowerment.

SIGNATURE:

Gilberto E. Napoles

09/29/2003

954-364-4970

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)