

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90228 039 \*\*\*150.00

0141643 AV

**DOCUMENT # P02000086195**

**1. Entity Name**  
**XENTERPRISE HOLDINGS, INC.**



**Principal Place of Business**  
**188 E 4 AVE**  
**HIALEAH FL 33010**

**Mailing Address**  
**188 E 4 AVE**  
**HIALEAH FL 33010**

20033561



**2. Principal Place of Business**  
**188 E 4 Ave**  
Suite, Apt. #, etc.

**3. Mailing Address**  
**188 E 4 Ave**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

**City & State**  
**Hialeah FL**  
**Zip** **33010** **Country** **USA**

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**Zip** **33010** **Country** **USA**

**4. FEI Number** **13-4211639**  
**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**PESTONIT, Raul**  
**188 E 4 AVE**  
**HIALEAH FL 33010**

**7. Name and Address of New Registered Agent**  
**Name** **Raul Pestonit**  
**Street Address (P.O. Box Number is Not Acceptable)** **188 E 4 Ave**  
**City** **Hialeah FL 33010 FL** **Zip** **33010**

**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** **Raul Pestonit** **4/22/03**  
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** **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.** ☐

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:** **Raul Pestonit** **4/22/03 (305) 725 5626**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)