

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90475 026 \*\*\*150.00

**DOCUMENT # P02000130366**

**1. Entity Name**  
**XENEIZE INTERNATIONAL, INC.**



**Principal Place of Business**  
**240 CRANDON BLVD STE 238**  
**KEY BISCAVNE FL 33149**

**Mailing Address**  
**240 CRANDON BLVD STE 238**  
**KEY BISCAVNE FL 33149**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**

*Applied For*

☒ Applied For

☐ Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**PIE SALAZAR, LISETTE P.A.**  
**240 CRANDON BLVD STE 238**  
**KEY BISCAVNE FL 33149**

**7. Name and Address of New Registered Agent**

Name

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

City

**FL**

Zip Code

**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, 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**

TITLE	D	<input type="checkbox"/> Delete
NAME	SIGNATO, JULIA J	
STREET ADDRESS	240 CRANDON BLVD STE 238	
CITY-ST-ZIP	KEY BISCAVNE FL 33149	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORO, JUAN J	
STREET ADDRESS	240 CRANDON BLVD STE 238	
CITY-ST-ZIP	KEY BISCAVNE FL 33149	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORO, JUAN T	
STREET ADDRESS	240 CRANDON BLVD STE 238	
CITY-ST-ZIP	KEY BISCAVNE FL 33149	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORO, ANA	
STREET ADDRESS	240 CRANDON BLVD STE 238	
CITY-ST-ZIP	KEY BISCAVNE FL 33149	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

**3/10/03**

Date

**305-423-4370**

Daytime Phone #

CR2E034 (10/02)