

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000057079

1. Entity Name

XEDRAC CORPORATION

Principal Place of Business

9760 S.W. 122ND STREET  
MIAMI FL 33176

Mailing Address

9760 S.W. 122ND STREET  
MIAMI FL 33176-4926

2. Principal Place of Business

9300 S. DADELAND BLVD.

3. Mailing Address

9300 S. DADELAND BLVD.

Suite, Apt. #, etc.

302

Suite, Apt. #, etc.

302

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33156

Country

USA

Zip

33156

Country

USA

4. FEI Number

65-0433583

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OLCESE, FEDERICO E  
9760 S.W. 122ND STREET  
MIAMI FL 33176

7. Name and Address of New Registered Agent

Name FEDERICO E. OLCESE  
Street Address (P.O. Box Number is Not Acceptable)  
10525 SW 112 AVE.  
APT. 313  
City MIAMI FL Zip Code 33176

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.

SIGNATURE

*Federico E. Olcese* Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	OLCESE, RAQUEL	
STREET ADDRESS	9760 SW 122ND. ST.	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	PD	<input type="checkbox"/> Delete
NAME	OLCESE, FEDERICO E	
STREET ADDRESS	9760 SW 122ND. ST.	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	VD	<input type="checkbox"/> Delete
NAME	OLCESE, ALEJANDRO	
STREET ADDRESS	6010 NW FIRST PL	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEDERICO E. OLCESE	
STREET ADDRESS	10525 SW 112 AVE.	
CITY-ST-ZIP	MIAMI-FL 33176	
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		

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

1/14/00

Date

(305) 670-6250

Daytime Phone #

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90130 012 \*\*\*158.75

605289



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)