

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000073187

1. Entity Name

XCALIBUR SOFTWARE SOLUTIONS, INC.

Principal Place of Business

4400 N FEDERAL HWY SUITE 210
BOCA RATON FL 33431-5195

Mailing Address

4400 N FEDERAL HWY SUITE 210
BOCA RATON FL 33431-5195

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 65-0610296

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MONTIEL, RIGO
4400 N FEDERAL HWY SUITE 210
BOCA RATON FL 33431-5195

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.

SIGNATURE

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME MONTIEL, RIGO
STREET ADDRESS 3374 NW 53RD CIR
CITY-ST-ZIP BOCA RATON FL 33496 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPD
NAME MONTIEL, ISOLINA
STREET ADDRESS 3374 NW 53RD CIR
CITY-ST-ZIP BOCA RATON FL 33496 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPTD
NAME LAYA, RAFAEL
STREET ADDRESS 2127 NW 53R STREET
CITY-ST-ZIP BOCA RATON FL 33496 ☒ Delete

TITLE VPTD
NAME MONTIEL, LUIS G.
STREET ADDRESS 3374 NW 53rd circle
CITY-ST-ZIP BOCA RATON FL 33496 ☐ Change ☒ Addition

TITLE SD
NAME RIVAS DE LAYA, ELIZABETH
STREET ADDRESS 2127 NW 53 STREET
CITY-ST-ZIP BOCA RATON FL 33496 ☒ Delete

TITLE SD
NAME MONTIEL, PATRICIA
STREET ADDRESS 3374 NW 53rd circle
CITY-ST-ZIP BOCA RATON FL 33496 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

Date

Daytime Phone #

FILED
Mar 07, 2001 8:00 am
Secretary of State

03-07-2001 90603 030 ***150.00

630817



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)