

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000083064

1. Entity Name
XANADU INTERNATIONAL (FLA.), INC.

Principal Place of Business

C/O CHARLES SCHUETTE
ONE SE 3RD AVE. 28TH FL
MIAMI FL 33131
US

Mailing Address

C/O CHARLES SCHUETTE
ONE SE 3RD AVE. 28TH FL
MIAMI FL 33131
US

2. Principal Place of Business

C/O Janice L. Russell
One S.E. 3rd Avenue

3. Mailing Address

C/O Janice L. Russell
One S.E. 3rd Avenue

Suite, Apt. #, etc.

28th Floor

Suite, Apt. #, etc.

28th Floor

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33131

Country

U.S.A.

Zip

33131

Country

U.S.A.

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent -

Name

AMERICAN INFORMATION SERVICES, INC.

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

ONE S.E. 3RD AVENUE

28TH FLOOR

City

MIAMI

FL

Zip Code
33131

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.

AMERICAN INFORMATION SERVICES, INC.

Angelica M. Calabrese

Assistant Secretary

March 26, 2001

SIGNATURE By *Angelica M. Calabrese*

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

TITLE	P	<input type="checkbox"/> Delete
NAME	ARAUJO, ARMANDO	
STREET ADDRESS	C/O EBERTO VITIER, 2655 LEJEUNE RD, PH-2B	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	VS	<input type="checkbox"/> Delete
NAME	ARAUJO, ADALICIA	
STREET ADDRESS	C/O EBERTO VITIER, 2655 LEJEUNE RD, PH2B	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	VITIER, EBERTO A	
STREET ADDRESS	2655 LEJEUNE RD, PH2B	
CITY-ST-ZIP	CORAL GABLES FL 33134	
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	D/P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARAUJO, ARMANDO	
STREET ADDRESS	ONE S.E. 3RD AVENUE, 28TH FLOOR	
CITY-ST-ZIP	MIAMI, FLORIDA 33131	
TITLE	D/VP/S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARAUJO, ADALICIA	
STREET ADDRESS	ONE S.E. 3RD AVENUE, 28TH FLOOR	
CITY-ST-ZIP	MIAMI, FLORIDA 33131	
TITLE	VP/AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARAUJO, ARMANDO RAFAEL	
STREET ADDRESS	ONE S.E. 3RD AVENUE, 28TH FLOOR	
CITY-ST-ZIP	MIAMI, FLORIDA 33131	
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

ARMANDO ARAUJO

3/26/01 (305) 285 1355

Date

Daytime Phone #

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90047 021 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0748141** ☐ Applied For
☐ Not Applicable

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

CR2E034 (10/00)