

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **9910000930139**

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 024 ***150.00
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01 AUG -7 AM 8:57

1. Entity Name
XPERTECH CORP

Principal Place of Business Mailing Address
11637 NW 48 LANE 11637 NW 48 LANE
MIAMI, FL 33178 MIAMI, FL 33178

2. Principal Place of Business 3. Mailing Address
11637 NW 48 LANE The same
 Suite, Apt. #, etc. Suite, Apt. #: etc
MIAMI MIAMI

City & State City & State
FL FL
 Zip Country Zip Country
33178

4. FEI Number Applied For
650792085 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

A0075277

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
GIULIANO VOLPE
11637 NW 48 LANE
MIAMI, FL 33178

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.

SIGNATURE _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	GIULIANO VOLPE <input type="checkbox"/> Delete OWNER 11637 NW 48 LANE, MIAMI FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Giuliano Volpe** Date: **06/17/01** Daytime Phone #: **(305) 4775888**

CR2E034 (1/1/00)