

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90092 025 \*\*\*150.00

0246488 AV

**DOCUMENT # P98000056158**

**1. Entity Name**  
**XAEL CHARTERS, INC.**

**Principal Place of Business**

**XAEL CHARTERS INC**  
**4714 SW 74 AVE**  
**MIAMI FL 33155**

**Mailing Address**

**XAEL CHARTERS INC**  
**4714 SW 74 AVE**  
**MIAMI FL 33155**



**2. Principal Place of Business**

**3. Mailing Address**

**100 Beacom Boulevard**  
 Suite, Apt. #, etc.

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

**Miami, FL 33135**

**City & State**

**SAME**

**4. FEI Number**

**65-0846227**

**Applied For**

**Not Applicable**

**Zip**

**33135**

**Country**

**USA**

**Zip**

**Country**

**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**

**LEVY, XIOMARA**  
**4714 SW 74 AVE**  
**MIAMI FL 33155**

**Name**  
**Xiomara Levy**

**Street Address (P.O. Box Number is Not Acceptable)**  
**100 Beacom Boulevard**

**Miami, FL 33135**

**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**

**Xiomara Levy President**

**4/2/02**

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, 2002 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**

<b>TITLE</b>	<b>C</b>	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	<b>LEVY, EDDIE B</b>	
<b>STREET ADDRESS</b>	<b>4714 SW 74 AVE</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI FL 33155</b>	
<b>TITLE</b>	<b>PD</b>	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	<b>ALMAGUER-LEVY, XIOMARA</b>	
<b>STREET ADDRESS</b>	<b>4714 SW 74 AVE</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI FL 33155</b>	
<b>TITLE</b>	<b>VS</b>	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	<b>CASALS, ALEJANDRO G</b>	
<b>STREET ADDRESS</b>	<b>4714 SW 74 AVE</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI FL 33155</b>	
<b>TITLE</b>	<b>T</b>	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	<b>CASALS, MERCEDES L</b>	
<b>STREET ADDRESS</b>	<b>4714 SW 74 AVE</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI FL 33155</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

<b>TITLE</b>	<b>Chairman</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>Eddie B. Levy</b>	
<b>STREET ADDRESS</b>	<b>100 Beacom Boulevard</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI, FL 33135</b>	
<b>TITLE</b>	<b>President &amp; CEO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>Xiomara Almaguer-Levy</b>	
<b>STREET ADDRESS</b>	<b>100 Beacom Boulevard</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI, FL 33135</b>	
<b>TITLE</b>	<b>Executive Vice President &amp; Secretary</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>Alejandro Casals</b>	
<b>STREET ADDRESS</b>	<b>100 Beacom Boulevard</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI FL 33135</b>	
<b>TITLE</b>	<b>Treasurer</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>Mercedes L Casals</b>	
<b>STREET ADDRESS</b>	<b>100 Beacom Boulevard</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI FL 33135</b>	
<b>TITLE</b>	<b>Vice President / Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	<b>Hamlet Casals Almaguer</b>	
<b>STREET ADDRESS</b>	<b>100 Beacom Boulevard</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI, FL 33135</b>	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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:**

**Xiomara Levy President.**

**4/2/02**

**305-643-2200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)