

**2000 UNIFORM BUSINESS REPORT (UBR)**

10F2

DOCUMENT # **P99000077214**  
 1. Entity Name  
**X Technologies, Inc**

**FILED**  
 00 DEC -4 PM 11: 18  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address  
**2635 East Oakland Park Blvd.**  
**Fort Lauderdale, FL 33306**

2. Principal Place of Business 3. Mailing Address  
**2635 E Oakland PK Blvd** **same**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**Fort Lauderdale FL**  
 Zip Country Zip Country  
**33306 Broward**

4. FEI Number **65-0944374** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**Al Martinez**  
**2635 East Oakland Park Blvd.**  
**Fort Lauderdale, FL 33306**

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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PVPST-Director</b> <input type="checkbox"/> Delete <b>Alvaro Martinez</b> <b>2635 E Oakland Park Blvd</b> <b>Fort Lauderdale, FL 33306</b>
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 <b>500003500325-5</b> <b>-12/13/00--01100--006</b> <b>****150.00 ****150.00</b>
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 <b>KE</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, in all other like empowered.

SIGNATURE: Alvaro Martinez \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**CBS FINANCIAL, CPA, PA**  
CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS

COMPREHENSIVE BUSINESS AND INDIVIDUAL FINANCIAL SOLUTIONS

2082  
P99-  
77214

November 29, 2000

Florida Department of State  
Division of Corporations  
Annual Reports Filings  
~~P.O. Box 1500~~  
Tallahassee, FL 32302-1500

Re: X-technologies, Inc.  
Form: 2000 Uniform Business Report  
Document #: P99000077214

Dear Madam/Sir,

We have been retained by the above referenced taxpayer recently.

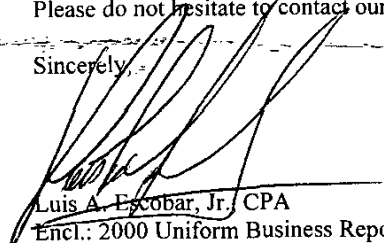
During our initial interview with the taxpayer it was discovered that **they had not received** the Florida's 2000 Uniform Business Report; therefore, they had not filed it. Please note that the taxpayer has moved and has a new mailing address.

Please find enclosed a properly completed 2000 Uniform Business Report and taxpayer's check payable to the Florida Department of State in the amount of \$150.00.

Please abate any late filing fees or other penalties. X-technologies, Inc. did not intended to file late.

Please do not hesitate to contact our offices if you have any questions.

Sincerely,

  
Luis A. Escobar, Jr., CPA  
Encl.: 2000 Uniform Business Report  
Cc.: X-technologies, Inc.

CBS FINANCIAL, CPA, PA  
6209 W COMMERCIAL BLVD.  
SUITE # 7  
FT. LAUDERDALE  
FLORIDA  
33319

TEL: (954) 724-4141  
FAX: (954) 724-4171  
U.S.: (877) 227-9797