2001 UNIFORM BUSINESS REPORT (UBR)					
DOCUMENT # P99000077214				FILED	
	ēchnologies, li	nc	02 DEC 23 AM IO: 56		
	7			SECRETALLY OF STATE	
Principal Place	160 NW 31 st	Mailing Address		TÄLLÄHASSEL FLORI	IDA .
6160 NW 31st lerlACE					
Fort funderdale, FL 33			3309	2000098252	
2. Principal Place of Business		3. Mailing Address Sawl		01/06/0301001027 **150.00	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number Applied For Not Applicable	
Zip	Country	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					
Alvako Maetinez					
6160 NW 31 Street Address (P.O. Box Number is Not Acceptable)					
	t fauderdale, F				
tok succession, I sold			City	FL	Zip Code
SIGNATURE Signature Signa					
	ria on back)	Make Check Payable	e to Department of Si	Late	
11. TITLE	OFFICERS AND D	DIHECTORS Delete	12.	ADDITIONS/CHANGES TO OFFICERS AND	Change Addition
NAME	Alvaro martinez 6160 NW 31st Terres Foot Landerdole, FC 33		NAME STREET ADDRESS CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		Change Addition
name Street address			NAME STREET ADDRESS		1
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	· <u>-</u>	☐ Change ☐ Addition
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-2IP		
TITLE		☐ Delete	TITLE NAME		☐ Change ☐ Addition
NAME STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP		Change Addition
TITLE NAME		Delete	NAME		
STREET ADDRESS CITY-ST-ZIP			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 addition, with all other like/emplowered.					
SIGNATURE: SIGNATURE: AZTI 123 4 Alva RO Malline 12/12/02 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #					
	SIGNATURE AND TYPED OR P	PHATED HAME OF SIGNING DEFICER O		Date	Caying Friend #

CBS FINANCIAL, CPA, PA CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS

COMPREHENSIVE BUSINESS AND INDIVIDUAL FINANCIAL SOLUTIONS

December 11, 2002

Florida Department of State Division of Corporations Annual Reports Filings P.O. Box 6327

Tallahassee, FL 32314

Re:

XTechnologies, Inc.

Form:

2002 Uniform Business Report

Document #:

P99000077214

Dear Madam/Sir,

We are the CPA Firm for the above referenced taxpayer.

During our initial annual review of the client's compliance with all pertaining issues it was discovered that the taxpayer <u>NEVER RECEIVED</u> 2002 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 2002 Uniform Business Report and a 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. XTechnologies, Inc. did not intended to file

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.: J & G Maintenance & Janitorial Services, Inc.