

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90389 040 ***150.00

00030001



DO NOT WRITE IN THIS SPACE

DOCUMENT # S19750

1. Entity Name

XTEC, INCORPORATED

Principal Place of Business

Mailing Address

**5775 BLUE LAGOON DRIVE
SUITE 280
MIAMI FL 33126**

**5775 BLUE LAGOON DRIVE
SUITE 280
MIAMI FL 33126-2034**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0239179

Applied For

Not Applicable

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

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	FERNANDEZ, GUILLERMO	5441 BANYAN DRIVE	CORAL GABLES FL	<input type="checkbox"/>
PD	FERNANDEZ, ALBERTO	14720 S.W. 111 TERRACE	MIAMI FL	<input type="checkbox"/>
DS	RASCO, EDUARDO I	2875 NE 191 STREET #500	AVENTURA FL	<input type="checkbox"/>
P	BRITO, JAY	5775 BLUE LAGOON DRIVE STE 280	MIAMI FL 33126	<input checked="" type="checkbox"/>
EVP	FERNANDEZ-GUZMAN, CARLOS	5575 BLUE LAGOON DRIVE STE 280	MIAMI FL 33126	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
TREASURER	BRITO, JAY	5775 BLUE LAGOON DR. STE 280	MIAMI, FL 33126	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
DIRECTOR	WILLIAM H. HARRIS	5775 BLUE LAGOON DR. STE 280	MIA. FL. 33126	<input checked="" type="checkbox"/>

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

Date

Daytime Phone #

CR2E034 (9/99)