

2001-UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State
04-10-2001 90011 049 ***150.00

0145118

DOCUMENT # S19750

1. Entity Name

XTEC, INCORPORATED

Principal Place of Business

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

Mailing Address

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

0145118



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0239179**

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

**RASCO, EDUARDO I.
2875 NE 191 STREET
SUITE 500
AVENTURA FL 33180**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	FERNANDEZ, GUILLERMO	
STREET ADDRESS	5441 BANYAN DRIVE	
CITY-ST-ZIP	CORAL GABLES FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Delete
NAME	FERNANDEZ, ALBERTO	
STREET ADDRESS	14720 S.W. 111 TERRACE	
CITY-ST-ZIP	MIAMI FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DS	<input type="checkbox"/> Delete
NAME	RASCO, EDUARDO I	
STREET ADDRESS	2875 NE 191 STREET #500	
CITY-ST-ZIP	AVENTURA FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T	<input type="checkbox"/> Delete
NAME	BRITO, JAY	
STREET ADDRESS	5775 BLUE LAGOON DRIVE STE 280	
CITY-ST-ZIP	MIAMI FL 33126	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	EVP	<input type="checkbox"/> Delete
NAME	FERNANDEZ-GUZMAN, CARLOS	
STREET ADDRESS	5575 BLUE LAGOON DRIVE STE 280	
CITY-ST-ZIP	MIAMI FL 33126	

TITLE	D/EVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ-GUZMAN, CARLOS	
STREET ADDRESS	5575 BLUE LAGOON DR. STE 280	
CITY-ST-ZIP	MIAMI, FL. 33126	

TITLE	D	<input type="checkbox"/> Delete
NAME	HARRIS, WILLIAM H	
STREET ADDRESS	5775 BLUE LAGOON DR., STE 280	
CITY-ST-ZIP	MIAMI FL 33126	

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

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

EDUARDO I. RASCO, SEC.

Date

Daytime Phone #

4/6/01 305-537-0300

CR2E034 (10/00)