

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 28, 2000 08:00 AM
Secretary of State

DOCUMENT # 513020

1. Entity Name
 EXECUCENTRE INTERNATIONAL, INC.

Principal Place of Business 9574 HARDING AVE SURFSIDE FL 33154	Mailing Address 9574 HARDING AVE SURFSIDE FL 33154
--	--

2. Principal Place of Business 9940 COLLINS AVENUE	3. Mailing Address 9940 COLLINS AVENUE
---	---

Suite, Apt. #, etc. #10	Suite, Apt. #, etc. #10
----------------------------	----------------------------

City & State BAL HARBOUR FL	City & State BAL HARBOUR FL
--------------------------------	--------------------------------

4. FEI Number 59-1696246	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

DO NOT WRITE IN THIS SPACE

Zip 33154	Country	Zip 33154	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

EVANCO CAROL
 9574 HARDING AVE
 SURFSIDE FL 33154
 US

Name EVANCO CAROL
Street Address (P.O. Box Number is Not Acceptable) 9940 COLLINS AVENUE
#10
City BAL HARBOUR FL Zip Code 33154

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 _____ DATE **04/28/2000**
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	D	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STEPHENS ROBERT			NAME	STEPHENS ROBERT		
STREET ADDRESS	1939 W FLOWER			STREET ADDRESS	1939 W FLOWER		
CITY-ST-ZIP	PHOENIX AR			CITY-ST-ZIP	PHOENIX AR 85015		
TITLE	PST	<input type="checkbox"/> Delete		TITLE	PST	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	EVANCO CAROL			NAME	EVANCO CAROL		
STREET ADDRESS	9940 COLLINS AVE			STREET ADDRESS	9940 COLLINS AVE		
CITY-ST-ZIP	BAL HARBOUR FL			CITY-ST-ZIP	BAL HARBOUR FL 33154		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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 address, with all other like empowered.

SIGNATURE: Carol Evanco

Prep: 04/28/2000