

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91553 002 ****50.00

DOCUMENT # L01000014257

1. Entity Name
XCEL GROUP, LLC

Principal Place of Business
**600 W. HILLSBORO BLVD., STE. 325
 DEERFIELD BEACH FL 33441**

Mailing Address
**C/O MARK H. AUERBACH, ESQ.
 201 S BISCAYNE BLVD. STE. 200
 MIAMI FL 33131**

949300



DO NOT WRITE IN THIS SPACE

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

05-1139513

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AUERBACH, MARC H ESQ.
 KIRKPATRICK & LOCKHART
 201 S. BISCAYNE BLVD., STE. 2000
 MIAMI FL 33131**

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

TITLE NAME	Member	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS	Victor Bubnow		
CITY-ST-ZIP	600 W. Hillsboro Blvd., # 325 Deerfield Beach, FL 33441		
TITLE NAME	Member	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS	Thomas Hill		
CITY-ST-ZIP	600 W. Hillsboro Blvd., # 325 Deerfield Beach, FL 33441		
TITLE NAME	MEMBER	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS	EVERTON WEEKS		
CITY-ST-ZIP	600 W. HILLSBORO BLVD., # 325 DEERFIELD BEACH, FL 33441		
TITLE NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **VICTOR BUBNOW MEMBER, 4/05/02** (561-352-0321)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (9/01)