

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000025282

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90070 002 \*\*\*150.00

1. Entity Name

**EXCELT, INC.**

Principal Place of Business 499 E. PALMETTO PARK ROAD SUITE 201 BOCA RATON FL 33432 US	Mailing Address 499 E. PALMETTO PARK ROAD SUITE 201 BOCA RATON FL 33432-5080 US
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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	65-0480090	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired		<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ASARCH, STEVEN J ESQUIRE**  
**STEVEN J. ASARCH, P.A.**  
~~7777 GLADES ROAD, SUITE 200~~  
~~BOCA RATON FL 33434~~

7. Name and Address of New Registered Agent

Name: Same

Street Address (P.O. Box Number is Not Acceptable):  
2385 Executive Center Dr - #250

City: Boca Raton State: FL Zip Code: 33431

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. DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

**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	TITLE	NAME
	DPS CELSO HENRIQUE DE AZEVEDO MARQUES		
	908 NOVA PETROPOLIS		
	SAO BERNARDO DO CAMPO, SP BZ 09770-351		

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 changed, or on an attachment with an address, with an officer, like empowered.

SIGNATURE: [Signature]  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: X 4/29/00 Daytime Phone #: X 368530