

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90008 021 ***150.00

US/4190 AV

DOCUMENT # P94000025282

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
 US**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number **65-0480090**
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**ASARCH, STEVEN J ESQUIRE
 STEVEN J. ASARCH, P.A.
 2385 EXECUTIVE CENTER DR, #250
 BOCA RATON FL 33431**

7. Name and Address of New Registered Agent
 Name **Steven J. Asarch, Esq.**
 Street Address (P.O. Box Number is Not Acceptable)
**1900 NW Corporate Blvd
 Suite 400 East**
 City **Boca Raton** 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.

SIGNATURE **Steven Asarch Esq.** DATE **4/12/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	DPS CELSO HENRIQUE DE AZEVEDO MARQUES 908 NOVA PETROPOLIS SAO BERNARDO DO CAMPO, SP BZ 09770-351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 another like empowered.

SIGNATURE: **CELSO HENRIQUE DE AZEVEDO MARQUES** **DeAzedo Marques.**
Signature, typed or printed name of signing officer or director DATE **4/24/02** DAYTIME PHONE # **561-368-5303**

CR2E034 (9/01)