

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90014 046 ***150.00

DOCUMENT # P99000030977

1. Entity Name
EXCEL INNOVATIONS, INC.

R

Principal Place of Business
 2020 NORTHWEST 107TH AVE
 PEMBROKE PINES FL 33026

Mailing Address
 2020 NORTHWEST 107TH AVE
 PEMBROKE PINES FL 33026

2. Principal Place of Business
2020 NW 107 AVE
 Suite, Apt. #, etc.

3. Mailing Address
2020 NW 107 AVE
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Pembroke Pines

City & State
Pembroke Pines

4. FEI Number
65-0911182

Applied For
 Not Applicable

Zip
33026 Country
USA

Zip
33026 Country
USA

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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]*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7-7-00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	DPST	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, ALBERT B	
STREET ADDRESS	2020 NORTHWEST 107TH AVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 15/00


7/12/00

Attachment
PA9000030977
D0072007

To Whom it May Concern:

I am writing this letter in response to the Uniform
"Business Report Second Notice and filing fee of \$ 550.00";
which has just arrived. I apologize for my non-compliance
and delinquency in this matter, but I DID NOT receive
the first notice, and feel that the penalty is both excessive
and unwarranted. As a first time business owner, I was
unaware that this report was required, but, now I know
that I was to receive it earlier in the year, I would have
called to request it when it did not arrive. Therefore, I
respectfully request that your office waive this \$ 400.00
penalty, as it is wrong, and will place me under hardship
on my business. In light of the circumstances, and in an
effort to be in compliance with regulations, I am
submitting the original filing fee of \$ 150.00. Thank you
for your consideration in this matter.

Sincerely,



Arsen Rodriguez