## **2001 UNIFORM BUSINESS REPORT (UBR)**

## May 15, 2001 8:00 am Secretary of State DOCUMENT # P9900040152 EXCELSIOR GROUP, INC. 05-15-2001 90059 040 \*\*\*150.00 Principal Place of Business Mailing Address 16900 NE 19TH AVENUE 16900 NE 19TH AVENUE N MIAMI BEACH FL 33162 N MIAMI BEACH FL 33162 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0918762 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ~ 7. Name and Address of New Registered Agent Name LIPSON, STUART A ESQ. Street Address (P.O. Box Number is Not Acceptable) **16900 NE 19TH AVENUE** N MIAMI BEACH FL 33162 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) TITLE ☐ Delete TITLE ☐ Channe ☐ Addition LIPSON, STUART A NAME NAME STREET ADDRESS 16900 NE 19TH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP N MIAMI BEACH FL 33162 ☐ Addition TITLE ☐ Delete TITLE Change NOVACK, PAUL D NAME NAME STREET ADDRESS 16900 NE 19TH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP N MIAMI BEACH FL 33162 ☐ Delete ☐ Change Addition TITLE RUBIN, ALAN NAME NAME STREET ADDRESS 16924 NE 19TH AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33162 CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Delete TITLE ☐ Addition NAMÉ

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 Accurate 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 outside the empowered.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED MANUE OF SIGNING OFFICER OR DIRECTOR

<u> 1/30/0</u>

505 947~300 Daytime Phone

**FILED**