

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90035 032 ***150.00

DOCUMENT # P01000055517

1. Entity Name
EXCELENCIA CORPORATION

Principal Place of Business
782 NW 42 AVE. SUITE 637
MIAMI FL 33126

Mailing Address
782 NW 42 AVE. SUITE 637
MIAMI FL 33126

2. Principal Place of Business
14263 SW 156 AV.
 Suite, Apt. #, etc.

3. Mailing Address
14263 SW 156 AV.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FL
Zip **33196** **Country** **USA**

City & State
Miami, FL
Zip **33196** **Country** **USA**

4. FEI Number
65-1111542 **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent

MAZZA-MARTINEZ, TANIA A
782 NW 42 AVE, SUITE 637
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
780 NW 42 AV. Suite 420
City **Miami** **FL** **Zip Code** **33126**

8. The above named entity sponsors 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, applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/11/02

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ **Delete**
NAME **ORONO, BETSAIDA**
STREET ADDRESS **782 NW 42 AVE, SUITE 637**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE **D** ☐ **Delete**
NAME **URDANETA, RAYNER**
STREET ADDRESS **782 NW 42 AVE, SUITE 637**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE **D** ☐ **Delete**
NAME **ORONO, ARQUIMEDEZ**
STREET ADDRESS **782 NW 42 AVE, SUITE 637**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ **Change** ☐ **Addition**
NAME **ORONO, BETSAIDA**
STREET ADDRESS **14263 SW 156 AV**
CITY-ST-ZIP **MIAMI FL 33196**

TITLE ☐ **Change** ☐ **Addition**
NAME **URDANETA, RAYNER**
STREET ADDRESS **14263 SW 156 AV**
CITY-ST-ZIP **MIAMI FL 33196**

TITLE ☐ **Change** ☐ **Addition**
NAME **ORONO, ARQUIMEDEZ**
STREET ADDRESS **14263 SW 156 AV**
CITY-ST-ZIP **MIAMI FL 33196**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/11/02 305-2564314

CR2E034 (9/01)