

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2002 8:00 am
Secretary of State

02-08-2002 90003 024 ***150.00

DOCUMENT # 691064

1. Entity Name
EXCEL MORTGAGE COMPANY

Principal Place of Business

6411 VIA ROSA
BOCA RATON FL 33433
US

Mailing Address

P.O. BOX 273544
BOCA RATON FL 33427-3544
US

2. Principal Place of Business

3660 MAX PLACE
Suite, Apt. #, etc. # 203

3. Mailing Address

PO BOX 740345
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

BOYNTON BEACH, FL

City & State

BOYNTON BEACH, FL

4. FEI Number

59-2115438

Applied For

Not Applicable

Zip

33436

Country

USA

Zip

33474

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FINE, GERALD E
6411 VIA ROSA
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name GERALD E. FINE

Street Address (P.O. Box Number is Not Acceptable)

3660 MAX PLACE #203

City BOYNTON BEACH FL

Zip Code 33436

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

(NOTE: Registered Agent signature required when reinstating)

1-22-02

DATE

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

TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	FINE, GERALD E.	
STREET ADDRESS	6411 VIA ROSA	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	PSD	<input checked="" type="checkbox"/> Delete
NAME	FINE, MARSHA H.	
STREET ADDRESS	6411 VIA ROSA	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERALD E. FINE	
STREET ADDRESS	3660 MAX PLACE #203	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSHA H. FINE	
STREET ADDRESS	3660 MAX PLACE #203	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

GERALD E. FINE 1-22-02 561-737-2122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)