

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90483 036 ***150.00

DOCUMENT # F01000000754

1. Entity Name
EXCELAG CORP.

Principal Place of Business
7200 SW 109 TERRACE
MIAMI FL 33256

Mailing Address
9130 S. DADELAND BLVD
STE 1607
MIAMI FL 33156-7851

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1068759**

Applied For
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMOROS, ALBERTO TWO
STE 1607, TOW DATRAN CTR
9130 S. DADELAND BLVD
MIAMI FL 33156-7851

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 _____ DATE _____
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.

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	DP	<input type="checkbox"/> Delete
NAME	CEPEDA, JORGE E	
STREET ADDRESS	7200 SW 109 TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	CEPEDA, VIOLETA	
STREET ADDRESS	7200 SW 109 TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	MILES, DAVID L	
STREET ADDRESS	1307 SALEM LANE	
CITY-ST-ZIP	CHAPEL HILL NC	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BALFE, G J	
STREET ADDRESS	787 ALBERMARLE OT	
CITY-ST-ZIP	LAWRENCEVILLE GA	
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"/> Change <input type="checkbox"/> Addition
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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: SIGNATURE REQUIRED *[Signature]* 3-30-02 305-668-1835
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)