

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90243 017 ***150.00

DOCUMENT # F01000002302

1. Entity Name
ECCELERITAS CORPORATION



Principal Place of Business
1035 PENNSYLVANIA AVE., STE 11
MIAMI BEACH FL 33139

Mailing Address
~~**1035 PENNSYLVANIA AVE., STE 11**~~
~~**MIAMI BEACH FL 33139**~~



2. Principal Place of Business

3. Mailing Address

224 CATALONIA AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Coral Gables, FL.

4. FEI Number 52-2260354

Applied For
Not Applicable

Zip

Country

Zip

Country

33134

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

SOLOMON, DOUGLAS
1035 PENNSYLVANIA AVE., STE 11
MIAMI BEACH FL 33139

Name Raimundo Levi

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

City Coral Gables FL Zip 33134

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/13/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ **Delete**
NAME **PSTD**
STREET ADDRESS **SOLOMON, DOUGLAS**
CITY-ST-ZIP **1035 PENNSYLVANIA AVE., STE 11**
MIAMI BEACH FL

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

TITLE ☐ **Delete**
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CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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12. 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 10 or Block 11 if changed, or on an attachment with an address, without other like empowered.

SIGNATURE: **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

3/20/03 305-538-3228
Date Daytime Phone #

CR2E034 (10/02)