

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90035 029 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F95000002502
1. Entity Name
EXA EXECUTIVE ASSOCIATES LTD, INC.

DO NOT WRITE IN THIS SPACE

B0058722

2. Principal Place of Business 20893 Del Luna Drive Suite, Apt. #, etc.		3. Mailing Address 20893 Del Luna Drive Suite, Apt. #, etc.	
City & State BOCA RATON - FL		City & State Boca Raton - FL	
Zip 33433	Country USA	Zip 33433	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0592434	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name CESAR STRUJE	
	Street Address (P.O. Box Number is Not Acceptable) 20893 Del Luna Drive	
	City Boca Raton	FL 33433

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 3/15/02
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. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	PTD STRUJE, CESAR 20893 Del LUNA DRIVE Boca Raton - FL 33433	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	YSD EBERHAND, JUSSARA 20893 Del LUNA DRIVE Boca Raton - FL 33433	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

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

3/15/02 (561)
477-6422
Date Daytime Phone

CR2E034B (12/01)