

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90576 047 ****50.00

LIMITED LIABILITY COMPANY
2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000006347

1. Entity Name
EXCEL.COM, LLC

DO NOT WRITE IN THIS SPACE

957204

2. Principal Place of Business
 Suite, Apt. #, etc.
266 NE 70th St.

3. Mailing Address
 Suite, Apt. #, etc.
266 NE 70th St.

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
65-1039098

Zip
33138

Country
USA

Zip
33138

Country
USA

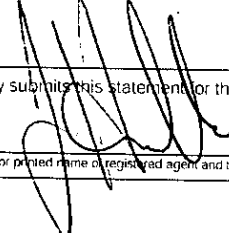
5. Certificate of Status Desired **\$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Jerome Hollo
 Street Address (P.O. Box Number is Not Acceptable)
100 S. Biscayne Blvd.
 Suite
1100
 City
Miami FL Zip Code
33131

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 

4.17.02

DATE

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KALIMI, SAMI 266 NE 70th St Miami, FL 33138
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **Jerome Hollo, Agent**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)