

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2003 8:00 am**  
**Secretary of State**

03-28-2003 90005 005 \*\*\*\*50.00

**DOCUMENT # L00000006347**

1. Entity Name  
**EXCEL.COM, LLC**



Principal Place of Business  
**266 NE 70TH ST  
MIAMI, FL 33138**

Mailing Address  
**266 NE 70TH ST  
MIAMI, FL 33138**

**30046846**

2. Principal Place of Business  
**100 S. Biscayne Blvd.  
Suite, Apt. #, etc.  
Suite 1100**

3. Mailing Address  
**P.O. Box 012949  
Suite, Apt. #, etc.**



☒ CHECK HERE IF MAKING CHANGES

City & State  
**Miami, Florida**  
Zip  
**33131**

City & State  
**Miami, Florida**  
Zip  
**33101**

4. FEI Number  
**65-1039098**  
Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**JEROME HULLO  
100 S. BISCAYNE BLVD.  
SUITE 1100  
MIAMI, FL 33131**

**7. Name and Address of New Registered Agent**

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

SIGNATURE

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

(NOTE: Registered Agent's signature required when resigning)

DATE

**FILE NOW!!! FEE IS \$60.00**  
Make Check Payable to Florida Department of State  
Due By May 1, 2003

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
KALIMI, SAMI  
266 NE 70TH ST  
MIAMI, FL 33138** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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☐ Delete

**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
HOLLO, TIBOR  
100 S. Biscayne Blvd., Suite 1100  
Miami, Florida 33131** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
HOLLO, WAYNE  
100 S. Biscayne Blvd., Suite 1100  
Miami, Florida 33131** ☐ Change ☒ Addition

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**Wayne R. Hollo**

**2.13.03**

CP2E083 (10/02)