

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000004305

1. Entity Name

EXCEL MANAGEMENT COMPANY, LLC

Principal Place of Business

3100 NORTH OCEAN BLVD.  
#2008  
FT. LAUDERDALE FL 33308

Mailing Address

3100 NORTH OCEAN BLVD.  
#2008  
FT. LAUDERDALE FL 33308

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1084697

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CLARK, THOMAS M  
2400 EAST COMMERCIAL BLVD.  
SUITE 820  
FT. LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name

ALLEN SINGER

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

3100 N. OCEAN BLVD.

City

APT # 2008

City

FT. LAUD

FL

Zip Code

33308

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

1/7/02

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Mgmt  
ALLEN SINGER  
3100 N. OCEAN BLVD  
FT. LAUD FL 33308

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Mgmt  
ELAINE SINGER  
3100 N. OCEAN BLVD  
FT. LAUD FL 33308

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

10. ADDITIONS / CHANGES

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 REQUIRED

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

1/7/02

954 752 7682

Date

Daytime Phone #

**FILED**  
**Jan 14, 2002 8:00 am**  
**Secretary of State**

01-14-2002 90027 046 \*\*\*\*50.00



DO NOT WRITE IN THIS SPACE

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CR2E083 (9/01)