

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L05945

1. Entity Name

EXCLUSIVE CARRIER SYSTEMS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 16 AM 9:09

Principal Place of Business

7007 NW 30 ST
MIAMI FL 33122
US

Mailing Address

P.O. BOX 521092
MIAMI FL 33152

2. Principal Place of Business

8000 NW 29 ST

3. Mailing Address

Suite, Apt. #, etc.

REINSTATEMENT

City & State

Miami FL

City & State

Zip

Country

4. FEI Number

65-0128332

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHN JUELICH
7007 NW 30 ST
MIAMI FL 33122

7. Name and Address of New Registered Agent

Name

John Juelich

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

8000 NW 29 ST

City

Miami

FL

Zip Code

33122

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 reinstating)

DATE

10/6/00

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
P VALDES, RUBEN 19851 S.W. 184TH STREET MIAMI FL 33187 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
V JUELICH, JOHN 11541 SOUTH OPEN COURT COOPER CITY FL 33026 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
100003441741-9
-10/27/00-01020-010
****758.75 ****758.75

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

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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/6/00

Date

306-477-5005

Daytime Phone #

CR2E034 (5/00)