

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000057678

1. Entity Name

EXCEL OFFICE PRODUCTS, INC.

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**

04-10-2001 90046 020 \*\*\*150.00

0511544

Principal Place of Business

~~642 EMERALD WAY WEST~~  
~~DEERFIELD BEACH FL 33442~~

Mailing Address

~~642 EMERALD WAY WEST~~  
~~DEERFIELD BEACH FL 33442~~

524719

2. Principal Place of Business

6184 NW 124<sup>TH</sup> DR.

3. Mailing Address

6184 NW 124<sup>TH</sup> DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL SPRINGS FL

City & State

CORAL SPRINGS FL

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

Zip

33076

Country

BROWARD

Zip

33076

Country

BROWARD

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONSTANTINE, MATINA

~~642 EMERALD WAY WEST~~ 6184 NW 124<sup>TH</sup> DR  
~~DEERFIELD BEACH FL 33442~~ CORAL SPRINGS, FL  
33076

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME CONSTANTINE, MATINA  
STREET ADDRESS ~~642 EMERALD WAY WEST~~  
CITY-ST-ZIP ~~DEERFIELD BEACH FL 33442~~

TITLE ☒ Change ☐ Addition  
NAME ☒ Change ☐ Addition  
STREET ADDRESS 6184 NW 124<sup>TH</sup> DRIVE  
CITY-ST-ZIP CORAL SPRINGS FL 33076

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*MATINA CONSTANTINE*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
MATINA CONSTANTINE

4/5/01

Date

Daytime Phone #

CR2E034 (10/00)