

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000092196

1. Entity Name

EXALL Corporation

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 19 AM 10:49

Principal Place of Business Mailing Address

14329 SW 139 CT #8
MIAMI, FL 33186

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

05-1044448

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Pablo Cubeddu
5059 NW 114 PLACE
MIAMI, FL 33178

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

Pablo Cubeddu

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

(NOTE: Registered Agent signature required when reinstating)

10/12/01
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 ☐ Delete
NAME PABLO CUBEDDU
STREET ADDRESS 5059 NW 114 PLACE
CITY-ST-ZIP MIAMI, FL 33178

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 000004661330
STREET ADDRESS -10/31/01--01080--006
CITY-ST-ZIP ****150.00 ****150.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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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:

Pablo Cubeddu

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Corporate Seal

16R2E034 (11/00)

Exall Corporation

September 17, 2001

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: P00000092196
EXALL CORPORATION

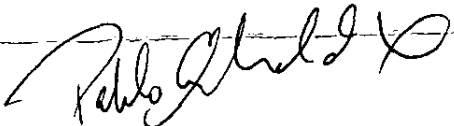
To Whom It May Concern:

As per our telephone conversation with one of your representative, we were advised you had the wrong address for the above corporation.

As instructed by the representative, attached we have enclosed a uniform business report, along with the \$150 payment. We are aware the address you have is incorrect.

We appreciate your help in this matter.

Sincerely,



Mr. Pablo Cubeddu
President