## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED Jan 27, 2002 8:00 am DOCUMENT # P01000031654 **Secretary of State** 1. Entity Name 01-27-2002 90026 025 \*\*\*158.75 EXEL MANAGEMENT INC. Principal Place of Business Mailing Address 5100 N.W. 35TH STREET. 5100: N.W.\* 35TH: STREET: -SUITE 308 SUITE: 308 FORT LAUDERDALE FL 33319 FORT LAUDERDALE FL 33319 2. Principal Place of Business 3. Mailing Address OAKLAND PARK W. OAKLAND Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE BLV RK City & State City & State Applied For FORT LAUDER DALE Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required '6.' Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LEDUC, REJEAN Street Address (P.O. Box Number is Not Acceptable) 1001 NORTH FEDERAL HIGHWAY SUITE 202 HALLANDALE FL 33009 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ے CR2E034 (9/01) ☐ Delete TITLE TITLE NAME NAME D'ERRICO, MARIO 3400 HEATHER TER. STREET ADDRESS STREET ADDRESS 10277 LONDON, MONTREAL-NORTH ORT LAUDERDALE , FL: 33319 CITY-ST-7IP CITY-ST-7IP (QC) CANADA, HIH 4H4 ☐ Delete TITLE STD NAME BEAULIEU, ANGE NAME 3 400 HEATHER TEK. STREET ADDRESS STREET ADDRESS 10277 LONDON, MONTREAL-NORTH FORT LAUDER DALE, FL. 33319 CITY-ST-ZIP CITY-ST-ZIP (QC) CANADA, HIH 4H4 TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ( ) Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 ag address, with all other like empowered.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Addition

☐ Change