

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 05, 2002 8:00 am
Secretary of State

06-05-2002 90411 001 ***158.75

DOCUMENT # **PD1000095222L**

1. Entity Name

AMERICAN EXCELLENCE INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2802 NW 72 AVE

Suite, Apt. #, etc.

3. Mailing Address

2802 NW 72 AVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL

MIAMI, FL

4. FEI Number

65-1142118

Applied For

Not Applicable

Zip

33122

Country

DADE

Zip

33122

Country

DADE

5. Certificate of Status Desired

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**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

HORACIO M. BUSTOS

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

2802 NW 72 AVE.

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

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

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	PRESIDENT
NAME	NICOLAS PAVOMBO
STREET ADDRESS	2802 NW 72 AVE
CITY - ST - ZIP	MIAMI, FL 33122
TITLE	VICE PRESIDENT
NAME	LUCA S FRANK GUELI
STREET ADDRESS	2802 NW 72 AVE
CITY - ST - ZIP	MIAMI, FL 33122
TITLE	SECRETARY/TREASURER
NAME	HORACIO M. BUSTOS
STREET ADDRESS	2802 NW 72 AVE
CITY - ST - ZIP	MIAMI, FL 33122
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NICOLAS PAVOMBO
PRESIDENT

04/20/02 305-593-8800

Date

Daytime Phone #

CR2E034B (12/01)