FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91147 042 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000003967

1. Entity Name
EXCEL FLORIDA SERVICES,INC.

90126959

Principal Place of Business	Mailing Address
3000-5 NW 25 TH AVE POMPANO BEACH, FL 33069	3000-5 NW 25 TH AVE POMPANO BEACH, FL 33069

2. Principal Place of Business	3. Mailing Address
4613 UNIVERSITY DR	4613 UNIVERSITY DR
Suite, Apt. #, etc. # 258	Suite, Apt. #, etc. # 258
City & State Coral Springs, FL	City & State Coral Springs
Zip 33067 Country U.SA	Zip 33067 Country U.SA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SANTOS, SERGIO
3000-5 NW 25 TH AVE
POMPANO BEACH, FL 33069

7. Name and Address of New Registered Agent

Name SANTOS, SERGIO
Street Address (P.O. Box Number is Not Acceptable) 4613 UNIVERSITY DR # 258
City Coral Springs FL Zip Code 33067

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SANTOS, SERGIO 3000-5 NW 25 TH AVE POMPANO BEACH, FL 33069	☐ Delete	Sergio Santos 4613 University Dr. # 258 Coral Springs, Fl 33067	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V PINTO, DAVID R 3000-5 NW 25 TH AVE POMPANO BEACH, FL 33069	☑ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SERGIO SANTOS 4/30/03 954-971-9966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #