

FILED
Jun 09, 2003 8:00 am
Secretary of State

05-05-2003 92194 007 ***150.00

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

5/:

DOCUMENT # 902000019378 L

1. Entity Name
EXECUSERVE, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>200 LESLIE DRIVE</u> Suite, Apt. #, etc. <u>820</u> City & State <u>HALLANDALE, FL</u> Zip <u>33009</u> Country <u>USA</u>	3. Mailing Address <u>200 LESLIE DRIVE</u> Suite, Apt. #, etc. <u>820</u> City & State <u>HALLANDALE, FL</u> Zip <u>33009</u> Country <u>USA</u>
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DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number <u>02-0554946</u>	Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
	7. Name and Address of Current Registered Agent	
	Name <u>CELINA TRAN</u> Street Address (P.O. Box Number is Not Acceptable) <u>200 LESLIE DR #820</u> City <u>HALLANDALE</u> FL Zip Code <u>33009</u>	

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

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

(NOTE: Registered Agent signature required when re-electing)

DATE

4/29/03

January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT</u> <u>CELINA TRAN</u> <u>200 LESLIE DR #820 HALLANDALE, FL</u> <u>33009</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Celina Tran* CELINA TRAN 4/29/03 954 854 4631
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

Attachment

44003903

#P02 000019378

June 3, 2003

Florida Department of State
Divisions of Corporations
P.O. Box 1500
Tallahassee, Florida 32302

Dear Sir or Madam:

Attached is the information as requested for the correct Federal Employer Identification Number. The correct FEIN is 02-0554946. Thank you for your time. Please feel free to contact me at 954-854-4636 with any further questions.

Sincerely,



Celina Tran