

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90537 004 ***150.00

DOCUMENT # P02000094395

1. Entity Name
EXA WORLD BIZ FLORIDA, CORP.



Principal Place of Business
9501 CAROUSEL CIRCLE EAST
BOCA RATON FL 33434
US

Mailing Address
9501 CAROUSEL CIRCLE EAST
BOCA RATON FL 33434
US



2. Principal Place of Business

1255 West Atlantic Boulevard

Suite, Apt. #, etc.

Suite 117

City & State
Pompano Beach, FL

Zip
33069

Country

US

3. Mailing Address

1255 West Atlantic Boulevard

Suite, Apt. #, etc.

Suite 117

City & State
Pompano Beach, FL

Zip
33069

Country

US

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

76-0710716

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STRUVE, CESAR
9501 CAROUSEL CIRCLE EAST
BOCA RATON FL 33434

7. Name and Address of New Registered Agent

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

SIGNATURE

[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

TITLE **P** ☐ Delete
NAME **STRUVE, CESAR**
STREET ADDRESS **9501 CAROUSEL CIRCLE EAST**
CITY-ST-ZIP **BOCA RATON FL 33434**

TITLE **VP** ☐ Delete
NAME **STRUVE, CESAR**
STREET ADDRESS **9501 CAROUSEL CIRCLE EAST**
CITY-ST-ZIP **BOCA RATON FL 33434**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

[Signature]
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/17/03 (954) 781-2934

Date

Daytime Phone #

CR2E034 (10/02)