## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## **FILED** Mar 21, 2001 8:00 am Secretary of State DOCUMENT # P92000008649 EXCELSIOR HOLDING CORPORATION 03-21-2001 90079 032 \*\*\*150.00 Principal Place of Business Mailing Address 360 EAST PROSPECT ROAD 360 EAST PROSPECT ROAD OAKLAND PARK FL 33334 OAKLAND PARK FL 33334 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0376232 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name WONG, JENNY N. Street Address (P.O. Box Number is Not Acceptable) 360 EAST PROSPECT ROAD OAKLAND PARK FL 33334 Zip Code City 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) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00 ☐ Addition ☐ Change TITLE □ Delete TITLE NAME NAME MOW-TAI-YAN, PAUL STREET ADDRESS STREET ADDRESS **1232 NE 163RD STREET** CITY-ST-ZIP CITY-ST-ZIP NORTH MIAMI BEACH FL 33162 Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME WONG, KIT L STREET ADDRESS STREET ADDRESS 5231 NE 15TH AVENUE CITY-ST-ZIP CITY=ST=ZIP FT: LAUDERDALE FL 33334 Change ☐ Addition ☐ Delete TITI F TITLE NAME WONG, JENNY N NAME STREET ADDRESS STREET ADDRESS 5231 NE 15TH AVENUE CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33334 ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Detete TITLE TITLE 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 an address, with all other like empowered.