FILED **2002 UNIFORM BUSINESS REPORT (UBR)** Jul 09, 2002 8:00 am Secretary of State DOCUMENT # P93000010558 1. Entity Name 07-09-2002 90020 045 ***150.00 EXCEL CARE SERVICES, INC. Principal Place of Business Mailing Address 21332 WEST DIXIE HIGHWAY 21332 WEST DIXIE-HIGHWAY *e*fi fl 33180 N. MIAMI BEACH FL 33180 Principal Place of Business 3. Mailing Address O E. HALLANDALE BCH BLU 1920 E. Hallandale Bch Blvd. DO NOT WRITE IN THIS SPACE Ste 708 Hallandale, FL 33009 4. FEI Number Applied For 65-0384285 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GUARDADO, JULIO L Street Address (P.O. Box Number is Not Acceptable) 7855 N.W. 12TH STREET SUITE 202 MIAMI FL 33126 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 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 September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (4/02)TITLE ☐ Defete ☐ Addition SREDNI, LILIAN NAME 1920 E. Hallandale Bch Blvd. 21332 W DIXIE HWY STREET ADDRESS STREET ADDRESS Ste 708 Hallandale, FL 33009 N MIANY SCH FL 33180 CITY-ST-ZIP CITY-ST-ZIP TITLE VΡ ☐ Delete TITLE ☐ Addition NAME GORIN, ANA NAME 1920 E. Hallandale Bch Blvd. STREET ADDRESS 21332 W DIXIE HWY STREET ADDRESS Ste 708 Hallandale, FL 33009 CITY-ST-ZIP CITY-ST-ZIP N MIAMP BCH FL 33180 Change TITLE ST ☐ Delete TITLE ☐ Addition NAME GORIN, MOISES NAME 1920 E. Hallandale Bch Blvd. STREET ADDRESS 21332 WADDATE HWY STREET ADDRESS Ste 708 Hallandale, FL 33009 N MIAMPECH FL 33180 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.

NAME

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

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SIGNATURE: MUSCO FUNCTION FILE OF SIGNING OFFICER OR DIRECT

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

<u>954 - 454 - 7868</u>

☐ Change

☐ Change

Change

☐ Addition

Addition

Addition

Daytime Phone

Excel Care Service. Inc. 119753

July 3, 2002

FLORIDA DEPARTMENT OF STATE Uniform Business Report Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

> RE: Doc #_P93000010558 FEI 65-0384285

Dear Sir/Madame:

We have moved our office to Hallandale, Fl in January of this year. Today, it came to our attention your office still using our old address, and therefore, the UBR form were never received or lost in the mail.

As the person in charge of payments, I didn't realize we had not received the URR form, and therefore, oversight its payment.

I request your kind understanding of this matter and waive the due -fee imposed in our

Thank for your attention to this matter.

Sincerely,

Claudia Eslava Secretary

Enc: Check #1013 for \$150.00