2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000032457

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

OFFICERS AND DIRECTORS

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

DAVID CORASH.

MIAMI FL

MIAMI FL

8702 SW 129 TERR

LUZARRAGA, CLAUDIO

8702 SW 129 TERRACE

(See criteria on back)

PD

SIGNATURE

11.

TITLE

NAME

TITLE

NAME

TITLE

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

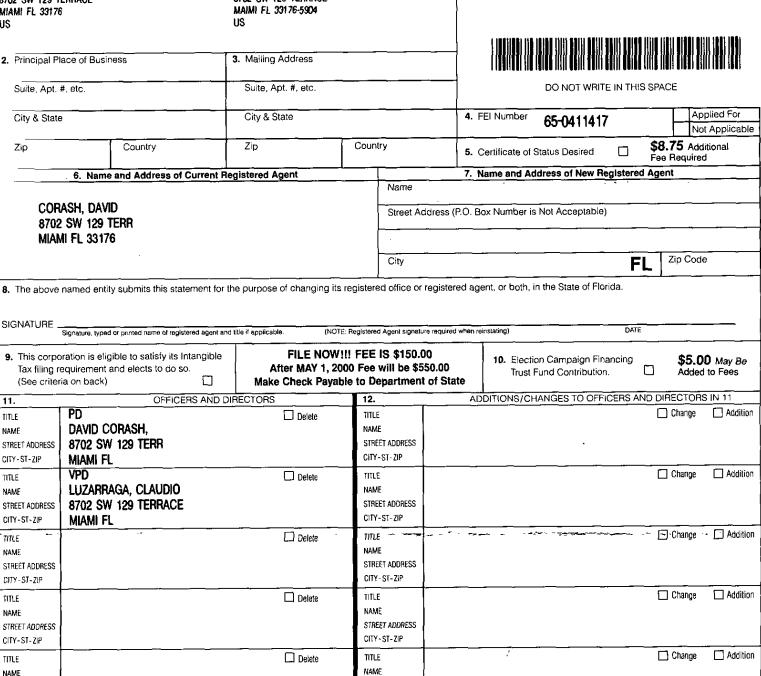
CITY-ST-7IP

EXCELLO GRAPHICS INC

LVOEFFO	2(1A) 1100; 1140.				
Principal Place of Business		Mailing Address			
1702 SW 129 TERRACE Mami FL 33176 US		8702 SW 129 TERRACE MAIMI FL 33176-5904 US		}	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Numbe	
Zip	Country	Zíp	Country 5. Certificate		
	6. Name and Address of C	urrent Registered Agent		7. Name and	
8702 S	H, DAVID W 129 TERR FL 33176			Street Address (P.O. Box Numbe	
			City		

FILED May 15, 2000 8:00 am Secretary of State

05-15-2000 90269 022 ***150.00



13. I hereby certify that the information supplied with this filling 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 attachprent with an address, with all other like empowered.

CITY-ST-ZIP

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

☐ Delete

... Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

12.

TITLE

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

D CLAUD'S L. LUZARAREA SIGNATURE AND TYPED OR PRINTED NAME O

Change

☐ Addition