

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

FILED

DOCUMENT # **P96000001444**

1. Entity Name

**The Excellence Group Corp.**

02 NOV -8 AM 10:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**12770 SW 25 Terrace**

3. Mailing Address

**Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Miami FL**

City & State

4. FEI Number:

Applied For

☒ Not Applicable

Zip

**33175**

Country

**USA**

Zip

Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

**Renart Prada**

Street Address (P.O. Box Number is Not Acceptable)

**12770 SW 25 Terrace**

City

**Miami**

**FL**

Zip Code

**33175**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**President  
Renart Prada  
12770 SW 25th Terrace  
Miami FL 33175**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**Ignasio Prada / Rep  
12 La Belle calle  
Italy Venice**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**Lucio Prada / Rep  
Via Pizue  
I-00187 Roma**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**November - 5 - 2002**

*jr m15102*

CR2E034B (12/01)

November 5, 2002

Uniform Business Report  
Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

Dear Sir/Madam,

I have yet to receive your Annual Uniform Business Report for the year 2002. Therefore I have chosen to file on my own and have downloaded the forms right from the internet.---

By calling the department /division of UBR I made sure prior to sending you this form that I would not incur further cost, fees etc other than the required \$150.00 per year renewal filing fee.

If you have any questions prior to issuing me a certificate of status, updating the public internet database and prior to cashing my check enclosed for \$150.00 + \$8.00, you may contact me at (305) 223-0620

Thank you in advance for your professionalism.

Sincerely,

  
Renart Prada