

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000010196

1. Entity Name

EXCELCONSULT INTERNATIONAL, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90141 025 ***158.75

Principal Place of Business

19530 N.E. 18TH COURT
 N MIAMI BEACH FL 33179-3656

Mailing Address

19530 N.E. 18TH COURT
 N MIAMI BEACH FL 33179-3656

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0735939

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALVAREZ, RICARDO R
 19530 N.E. 18TH COURT
 N MIAMI BEACH FL 33179

Name

ALVAREZ, RICARDO A

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

19530 NE 18TH COURT

City

N MIAMI BEACH

FL

Zip Code

33179

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

Ricardo Alvarez

4/21/00

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	ALVAREZ, RICARDO A	
STREET ADDRESS	19530 N.E. 18TH COURT	
CITY-ST-ZIP	N MIAMI BEACH FL 33179-3656	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	ALVAREZ, MARCIA R	
STREET ADDRESS	19530 N.E. 18TH COURT	
CITY-ST-ZIP	N MIAMI BEACH FL 33179-3656	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ALVAREZ, RICARDO R	
STREET ADDRESS	19530 N.E. 18TH COURT	
CITY-ST-ZIP	N MIAMI BEACH FL 33179-3656	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALVAREZ, ANA M	
STREET ADDRESS	19530 NE 18TH COURT	
CITY-ST-ZIP	N MIAMI BEACH FL 33179-3656	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVAREZ, RICARDO R	
STREET ADDRESS	14054 YELLOWWOOD CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32826	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

Ricardo Alvarez
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICARDO A. ALVAREZ 4/21/00 305/931-0871
 Date Daytime Phone #

CR2E034 (9/99)