L'EXCELL	ENCE COLLECTION, INC.		R		08-31-2001 90114	023	130.00		
Principal Place of Business 201 ALHAMBRA CIRCLE SUITE 711 CORAL GABLES FL 33134		Mailing Address  201 ALHAMBRA CIRCLE SUITE 711 CORAL GABLES FL 33134							
2. Principal P	Place of Business Page of	3. Mailing Address	n Roat	7		[] <b>[]</b> [] [] [] [] [] [] [] [] [] [] [] [] []		ilon olit 1001	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	7, 1000	<u>`</u>	DO NOT WRITE IN	THIS SPAC	E		
Den I	<i></i>	Sity & State	RC	4.	65-0762741			olied For Applicable	7
<sup>Zip</sup> 330	Country	-Zip 3300 Y	Country US A	1	Certificate of Status Desired	Fee	<b>75</b> Addi Required		
	6. Name and Address of Current F	Registered Agent	Name 7	7. (	Name and Address of New Regist	ered Agen	t		7
DADDODT	CTEDHEN D		Name	se	L. CAINO	1			]
RAPPORT, STEPHEN R 201 ALHAMBRA CIRCLE			Street Addr	Street Address (P. 9) Box Number is Not Acetable)					
SUITE 71	·				/ '				Ì
CORAL G	ABLES FL 33134		City	mã		FL	Zip Gerde	3/3 V	7
8. The above	named entity submits this statement for	the purpose of changing its re	egistered office or reg	istered ag	ent, or both, in the State of Florida.				1
SIGNATURE	Signature, typed or printed name of required by ura	nd title if applicable. (NOTE: F	Registered Agent signature re	quired when re	einstating)	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 After September 12, 2001 Make Check Payable to D					Election Campaign Financir     Trust Fund Contribution.	ng 🗆	\$5.00 Added t	May Be to Fees	
11.	OFFICERS AND I	DIRECTORS	12.	AE	DDITIONS/CHANGES TO OFFICER	S AND DIR	ECTORS	iN 11	1_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CALVO, JOSE L 1855 GRIFFIN RD A-112 DANIA FL 33004	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	CR2E034 (5/01)
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	<del></del>			Change	Addition	8
CITY-ST-ZIP	<del></del>		CITY-ST-ZIP		<del></del>			· 🗆	ļ :
TITLE NAME		☐ Delete	TITLE NAME			Ļ	Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS						
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ANDRESS			·	Change	Addition	

qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information and that my signature shall have the same legal effect as if made under oath; that I am an officer or director his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

**2001 UNIFORM BUSINESS REPORT (UBR)** 

P97000047835

DOCUMENT # 1. Entity Name

13. I hereby certify that the information supplied with this filin indicated on this report or supplemental report is true and of the corporation or the receiver or trustee one of the changed, or on an attachment with an address, with all of

SIGNATURE:



European Classical Furniture and Accessories

dtleichment O# <u>P97000</u>47835 Boxi0368

August 21, 2001

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

To Whom It May Concern:

This letter is to inform you that we never received the Annual Uniform Business Report, due to the fact that it was sent to the incorrect mailing address. Please note that our mailing address is as follows for any future remittance you may have:

L' Excellence Designs 262 Bryan Rd. Dania, FL. 33004

Thank you for your time. If you have any questions or comments, please don't hesitate to call us at the number below.

Sincerely,

Jose Luis Calvo Preisdent