

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000048296

1. Entity Name

EXEL INDUSTRIES CORP.

Principal Place of Business

698 N.E. 69TH STREET
MIAMI FL 33138

Mailing Address

698 N.E. 69TH STREET
MIAMI FL 33138-5704

2. Principal Place of Business

345 MARKET STREET W.

Suite, Apt. #, etc.

314

City & State

GAITHERSBURG, MD

Zip

20878

Country

USA

3. Mailing Address

345 MARKET STREET W.

Suite, Apt. #, etc.

314

City & State

GAITHERSBURG, MD

Zip

20878

Country

USA

6. Name and Address of Current Registered Agent

LASTRA, CARLOS M
2828 CORAL WAY, STE. 306
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name DAVID SAMPEIRO
Street Address (P.O. Box Number is Not Acceptable)
6950 NORTH KENDALL DRIVE
City MIAMI FL Zip Code 33156

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

David Sampeiro

03/15/00

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	TURNBOW, SHERI L	
STREET ADDRESS	698 N.E. 69TH STREET	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sheri L. Turnbow

Sheri L. Turnbow 4-27-00

Date

Daytime Phone #

(301) 579-9539

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90180 002 ***150.00

847399



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0842289

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75** Additional Fee Required

CR2E034 (9/99)