

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90031 021 ***150.00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000069175
1. Entity Name
MANAGEMENT EXCELLENCE SURVEY, INC.

Principal Place of Business Mailing Address
7800 RED ROAD #228 7800 RED ROAD
South Miami, FL 33143 South Miami, FL 33143

844658

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
7800 RED ROAD #228 7800 RED ROAD
Suite, Apt. #, etc. Suite, Apt. #, etc.
228 228
City & State City & State
South Miami FL South Miami FL
Zip Country Zip Country
33143 MIAMI Dade 33143 MIAMI Dade

4. FEI Number 65-0878930 Applied For
Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Debra Levine

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable) 7800 RED ROAD #228
City South Miami FL Zip Code 33143

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
FILE NOW WITH FEES \$150.00
AND MAY 2000 WILL BE \$50.00
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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Debra Levine</u> <u>P.O.</u>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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: Debra Levine DEBRA LEVINE 4/27/00 305 662 2229