

# 2000 UNIFORM BUSINESS REPORT (UBR)

0139379

DOCUMENT # P98000104788

1. Entity Name  
EXCELLENT DESIGNS, CORP.

Principal Place of Business

2699 WEST 79TH ST.  
BAY # 5  
HIALEAH FL 33016

Mailing Address

2699 WEST 79TH ST.  
BAY # 5  
HIALEAH FL 33016-2739

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

2699 W 79 ST BAY 5

City & State  
HIALEAH FL

Zip  
33016

Country  
USA

Suite, Apt. #, etc.

2699 W 79 ST BAY 5

City & State  
Hialeah, FL

Zip  
33016

Country  
USA

6. Name and Address of Current Registered Agent

GARCIA, CESAR A  
2699 WEST 79 ST.  
BAY # 5  
HIALEAH FL 33016

7. Name and Address of New Registered Agent

Name

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

2699 W. 79 ST BAY 5

City  
Hialeah

FL

Zip Code  
33016

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 X *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-1-01

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 PD  
NAME CARLOS, JUAN ☒ Delete  
STREET ADDRESS 2699 W. 79TH ST BAY #5  
CITY-ST-ZIP HIALEAH FL 33016

TITLE SD  
NAME GARCIA, CESAR A ☐ Delete  
STREET ADDRESS 2699 W. 79TH ST BAY #5  
CITY-ST-ZIP HIALEAH FL 33016

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Change ☒ Addition  
NAME NATASHA, I. GARCIA  
STREET ADDRESS 20970 SW 83 AVE.  
CITY-ST-ZIP MIAMI FL 33189

TITLE ☐ Change ☐ Addition  
NAME 400003828234-5  
STREET ADDRESS -03/09/01--01066--017  
CITY-ST-ZIP \*\*\*\*\*150.00 \*\*\*\*\*150.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME 400003828234-5  
STREET ADDRESS -03/09/01--01066--018  
CITY-ST-ZIP \*\*\*\*\*200.00 \*\*\*\*\*200.00

TITLE ☐ Change ☐ Addition  
NAME 400003828234-5  
STREET ADDRESS -03/09/01--01066--019  
CITY-ST-ZIP \*\*\*\*\*550.00 \*\*\*\*\*550.00

TITLE ☐ Change ☐ 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: X *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-11-00 (305) 698-8900  
Date Daytime Phone #

FILED  
01 MAR -5 PM 3:56  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)