

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000014697

1. Entity Name

EXXEL TECHNOLOGIES INC

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

05-16-2000 90013 012 ***150.00

0007440J

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
25 SE 2nd. Ave 25 SE 2nd. Ave.
Ste 1000 Ste 1000
Miami, FL 33131 Miami, FL 33131

2. Principal Place of Business 3. Mailing Address
25 SE 2nd. Ave 25 SE 2nd. Ave.
Suite, Apt. #, etc. Suite, Apt. #, etc.
Ste 1000 Ste. 1000

City & State City & State
Miami, Florida Miami, Florida
Zip Country Zip Country
33131 U.S.A. 33131 U.S.A.

4. FEI Number Applied For
65-0918327 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
The Company Corporation
1013 Centre Road
Wilmington, DE 19805-1297

7. Name and Address of New Registered Agent
Name
Jose Vega
Street Address (P.O. Box Number is Not Acceptable)
25 SE 2nd. Ave. Ste. 410
City City
Miami FL Zip Code
33131

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 *Jose Vega* Jose Vega (Reg. Agent) DATE 4/12/2000
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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 NAME STREET ADDRESS CITY-ST-ZIP
PDS ANDRES CAMPOS CERVERA BOLLER 1000 Brickell Ave #420 Miami, FL 33131
Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP
Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP
Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP
Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP
Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP
Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP
Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP
Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP
Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP
Change Addition
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Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP
Change Addition

13. I hereby certify that the information supplied with this filing does not qualify for 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; that I have not been convicted of a crime under 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 information.

SIGNATURE: *Andres Campos* ANDRES CAMPOS (PRESIDENT)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day: mo: Year: #

CR2E034 (9/99)