

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000060365

1. Entity Name

EXCLUSIVE CONNECTIONS, INC.

FILED

Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90178 034 ***150.00

Principal Place of Business

1500 PENNSYLVANIA AVE., STE. 5
MIAMI BEACH FL 33139

Mailing Address

1500 PENNSYLVANIA AVE., STE. 5
MIAMI BEACH FL 33139

2. Principal Place of Business

1500 Pennsylvania Ave

3. Mailing Address

1500 Pennsylvania Ave

Suite/Apt. #, etc.

04

Suite/Apt. #, etc.

04

City & State

Miami Beach, FL

City & State

Miami Beach, FL

Zip

Country

33139 USA

Zip

Country

33139 USA

4. FEI Number

65-0940272

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BALTUS, FRANCOIS
1500 PENNSYLVANIA AVE., STE. 5
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name

BALTUS, FRANCOIS

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

1500 Pennsylvania Ave, Ste 4

City

Miami Beach

FL

Zip Code

33139

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

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	BALTUS, FRANCIS	
STREET ADDRESS	1500 PENNSYLVANIA AVE. STE 5	
CITY-ST-ZIP	MIAMI FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1500 Pennsylvania Ave, Ste 4	
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
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
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

FRANCOIS BALTUS

Date

305 674 86 50

Daytime Phone #

CR2E034 (10/00)