2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000072241

1. Entity Name: Excel Vocational Alternatives

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
01 AUG 27 PM 1:28

Principal Place of Business	Mailing Address
Dupont Center 300 Biscayne Blvd. Way #1014-125 Miami, FL 33131	P.O. Box 347436 Coral Gables, FL 33234-7436

2. Principal Place of Business	3. Mailing Address
	12350 SW 285 St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: HOMESTEAD, Fl.
Zip / Country	Zip: 33033 / Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0941986 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
	Name: GEORGE ALEA
	Street Address (P.O. Box Number is Not Acceptable): 12350 SW 285 ST.
	City: HOMESTEAD FL Zip Code 33033

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] 8-21-01
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Isabel Maria Diaz 300 Biscayne Blvd Way #1014-125 Miami, FL 33131 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President George Alea 1744 North Curlew Lane Homestead, FL 33035 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Exec. Vice President Maria Elena Beruvides Soto 300 Biscayne Blvd Way #1014-125 Miami, FL 33131 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 500004571515--3 -09/06/01--01016--006 *****61.25 *****61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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] 7/17/01 (305) 569-4626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #