

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
Dupont Center
300 Biscayne Blvd. Way
#1014-125
Miami, FL 33131

Mailing Address
P.O. Box 347436
Coral Gables, FL 33234-7436

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
12350 SW 285 St.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
HOMESTEAD, FL

4. FEI Number
65-0941986

Applied For
Not Applicable

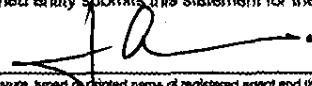
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Zip Country
33033 USA

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  8-21-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE

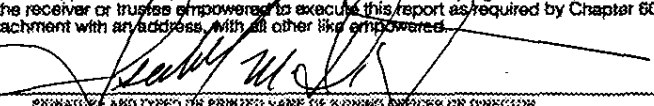
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW WITH 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	500004571515-3 -09/06/01--01016--006 *****61.25 *****61.25 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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 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:  7/17/01 (305) 569-4626
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Signature Phone #

CR2ED34 (11/00)