

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **99000095737**

1. Entity Name

FILED

00 OCT 20 PM 3:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**Xcellant Mars, Corp**  
**2050 N Andrews Ave. Ext. PO 971492**  
**Suite 110 Boca Raton, FL 33497**  
**Pompano Beach, FL 33069**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**PO Box 971492**

**Boca Raton**

**FL 33497**

4. FEI Number

**65-0963677**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**Robert DeRomo**

Name

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

**2050 N Andrews Ave Ext STE 110**

City

**Pompano Beach, FL**

FL

Zip Code

**33069**

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]*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**10/14/00**

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	<b>President</b>	<input type="checkbox"/> Delete
NAME	<b>Robert DeRomo</b>	
STREET ADDRESS	<b>2050 N Andrews Ave. Ext STE 110</b>	
CITY-ST-ZIP	<b>Pompano Beach, FL 33069</b>	
TITLE	<b>Vice President</b>	<input type="checkbox"/> Delete
NAME	<b>Robert DeRomo, JR.</b>	
STREET ADDRESS	<b>2050 N Andrews Ave Ext ST 110</b>	
CITY-ST-ZIP	<b>Pompano Beach, FL 33069</b>	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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		
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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10/14/00 954-935-0818**  
Date Daytime Phone #

CR2E034 (5/00)

# -Xcellent Kars-



Corporate Reinstatement Division,

Xcellent Kars Corp was dissolved on September 22, 2000 for nonpayment of the Corporate filing fees.

We are requesting reinstatement of this corporation for the enclosed \$150.00 because of the following extenuating circumstances.

1. Because of a change in the location of the business we did not receive the original form for filing.
2. On April 26, 2000 we requested, via e-mail, that a form be mailed to us.
3. Unknown to the corporate officers at that time, the post office was holding mail because the mailboxes were not installed yet. They returned all this mail to the senders. We project that that form were returned to the State of Florida.
4. When the Bookkeeping Service came to review the books it was discovered that the form had not arrived and the fee had not been paid. At this point we called the state and discovered the corporation had been dissolved.
5. In speaking with one of your staff, she instructed us to put are situation in writing for your consideration.

We have enclosed a check for the filing fees per your staff members' request and are again requesting reinstatement of the corporation. Please note the address change on this letter head.

Sincerely,



Robert DeRomo  
President