

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90125 036 ***150.00

DOCUMENT # P99000100030

1. Entity Name
EXCOMP GROUP, INC.

Principal Place of Business
13727 SW 152 STREET STE 241
MIAMI FL 33177

Mailing Address
13727 SW 152 STREET STE 241
MIAMI FL 33177

2. Principal Place of Business **3. Mailing Address**
7925 NW 12 Street **7925 NW 12 Street**

Suite, Apt. #, etc.
318

Suite, Apt. #, etc.
318

City & State
Miami, FL

City & State
Miami, FL

Zip **Country**
33126 **USA**

Zip **Country**
33126 **USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number **NOT APPLICABLE** **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent

ZAPATA, VICTOR M
13727 SW 152 STREET STE 241
MIAMI FL 33177

7. Name and Address of New Registered Agent

Name **Juan Molina**
Street Address (P.O. Box Number is Not Acceptable)
7925 NW 12 Street #318
City **Miami** **FL** **Zip Code** **33126**

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)

DATE

2/17/02

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	P <input checked="" type="checkbox"/> Delete
NAME	ZAPATA, VICTORIM
STREET ADDRESS	13727 SW 152ND STREET, SUITE 241
CITY-ST-ZIP	MIAMI FL 33177
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President/Sec/Treas <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Juan Molina
STREET ADDRESS	7925 NW 12 Street #318
CITY-ST-ZIP	Miami, FL 33126
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

Date

Daytime Phone #

2/17/02 **305 470 7504**

CR2E034 (9/01)