## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Jul 20, 2001 8:00 am **DOCUMENT # P00000039306 Secrétary of State** 1. Entity Name 07-20-2001 90007 005 \*\*\*150.00 AC DESIGNS INC Principal Place of Business Mailing Address 818 NE 4TH AVE FT"LAUDERDALE FL 33304 R0060396 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1009502 Not Applicable ي. Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ALLAN D BLOOMBERG Street Address (P.O. Box Number is Not Acceptable) 4501 SHERIDAN ST City Zip Code HOLL YWOOD 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. (NOTE: Registered Agent signature required when reinstating) FILE NOWTH PEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001. Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of Stat 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete ITILE Change ☐ Addition 3R2E034 (11/00) PRESIDENT NAME MALE STELLA BOURNIAS STREET ADDRESS STREET ADDRESS 330 TAYLOR ST HOLLYWOOD 33019 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CETY-ST-ZIP CITY-ST-ZIP TITLE Detete TITLE Change Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Oelete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-789 CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 eath; that I am an officer or director of the corporation or the receiver or trusted 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 appreciation of the corporation of the receiver or trusted empowered.

IND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

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Attendental Off passes 306 June 12, 2001 BOG 0396

Dept. of State Division of Corporations Tallahassee, Fl.

Ref: AC Designs Inc.

Gentlemen:

65-1009502

Enclosed is the current Annual Report for the Corporation. The Corporation was founded in the year 2000 and I was unaware of the annual report requirement. I was not concerned that I did not receive the forms until it was recently brought to my attention.

I therefore respectfully request a waiver of the late filing penalty.

Sincerely yours.

Stella Bournias President