

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90180 014 ***150.00

**2003 FOR PROFIT CORPORATION/
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P0000068981

1. Entity Name
ACE NETWORKS, INC.



Principal Place of Business
9112 N.W. 105 WAY
MEDLEY, FL 33178

Mailing Address
9112 N.W. 105 WAY
MEDLEY, FL 33178

11010087



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0566951

Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

MERCIER, JEAN MARC
16262 SW 26 STREET
DAVIE, FL 33326

Name **Mercier Jean Marc**
Street Address (P.O. Box Number is Not Acceptable)
12611 Pines Blvd Ste 136

City **Pembroke Pines** FL Zip Code **33028**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

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

(NOTE: Registered Agent signature required when resigning.)

04/21/03

DATE

FILE NOW! (FEE IS \$150.00)
After May 1, 2003 Fee will be \$550.00
Make Check Payable to: Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **MERCIER, JEAN MARC**
STREET ADDRESS **16262 SW 26 STREET**
CITY-ST-ZIP **DAVIE, FL 33326**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 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

4.21.03

Date

Daytime Phone #

CR2E034 (10/02)