

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90212 030 ***158.75

0241782

DOCUMENT # P00000085395

1. Entity Name
ACE NU-LIFE RESTORATION SYSTEMS, INC.

Principal Place of Business 517 SW FIRST AVE. FT. LAUDERDALE FL 33301	Mailing Address 517 SW FIRST AVE. FT. LAUDERDALE FL 33301
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2. Principal Place of Business 5102 WINDING WAY Suite, Apt. #, etc.	3. Mailing Address 5102 WINDING WAY Suite, Apt. #, etc.
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City & State DICKINSON, TEXAS	City & State DICKINSON, TEXAS
Zip 77539	Zip 77539
Country USA	Country USA

4. FEI Number 65-1047887	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

COHEN, MICHAEL J
517 SW FIRST AVE.
FT. LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State FL Zip Code

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 **Robert P. Kornahrens** **3/26/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 \$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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, MICHAEL J 517 SW FIRST AVE. FT. LAUDERDALE FL 33301 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robert P. Kornahrens D Robert P. Kornahrens 4345 NE 12 Terrace Ft. Lauderdale, FL 33334 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MICHAEL J. LANDOLFI 5102 WINDING WAY DICKINSON, TEXAS 77539 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P,S,T,D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **3/7/2001** **(954) 522-6868**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)