

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90129 024 ***158.75

DOCUMENT # P98000091942

1. Entity Name
AC2M INVESTMENT CORP.

Principal Place of Business 1580 N ROYAL POINCIANA BLVD MIAMI SPRINGS FL 33126	Mailing Address 3770 SW 8 ST SUITE 200 CORAL GABLES FL 33134-3163 US
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0877801** 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

**PIEDRAHITA, IVAN D
 1876 N UNIVERSITY DR STE 201K
 PLANTATION FL 33322**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **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 _____ (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, 2000 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
D	PIEDRAHITA, ALVARO	13200 SW 70 AVE	MIAMI FL 33156	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	CALAS, CESAR	1580 N ROYAL POINCIANA BLVD	DAVIE FL 33317	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	MILLER, MICHAEL K	2111 NOVA VILLAGE DR	DAVIE FL 33317	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	VALLE, MARIANO O	8380 NW 166 TERRACE	MIAMI FL 33015	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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]* Date: **1/7/00** Daytime Phone #: **305-567-1883**

CR2E034 (9/99)