

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90025 031 \*\*\*158.75

**DOCUMENT # P98000091942**

1. Entity Name  
**AC2M INVESTMENT CORP.**

|  |   |
|--|---|
| Principal Place of Business<br><b>1580 N ROYAL POINCIANA BLVD<br/>MIAMI SPRINGS FL 33126</b> | Mailing Address<br><b>3770 SW 8 ST<br/>SUITE 200<br/>CORAL GABLES FL 33134<br/>US</b> |
|--|---|

0 0 0 0 1 0



DO NOT WRITE IN THIS SPACE

|                                |   |
|--------------------------------|---|
| 2. Principal Place of Business | 3. Mailing Address<br><b>800 Douglas Entrance</b>   |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc.<br><b>Annex Bldg, Suite 250</b> |
| City & State                   | City & State<br><b>Coral Gables, FL 33134</b>       |
| Zip                            | Country   |
| <b>33134</b>                   | <b>USA</b>  |

|   |  |
|---|--|
| 4. FEI Number<br><b>65-0877801</b>                                      | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input checked="" type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

|  |
|--|
| Name   |
| Street Address (P.O. Box Number is Not Acceptable) |
| City   |
| State<br><b>FL</b>                                 |
| 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) <input type="checkbox"/> | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After MAY 1, 2001 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|---|---|--|

| 11. OFFICERS AND DIRECTORS                     |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>PIEDRAHITA, ALVARO</b><br><b>13200 SW 70 AVE</b><br><b>MIAMI FL 33156</b>       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>CALAS, CESAR</b><br><b>1580 N ROYAL POINCIANA BLVD</b><br><b>DAVIE FL 33317</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>MILLER, MICHAEL K</b><br><b>2111 NOVA VILLAGE DR</b><br><b>DAVIE FL 33317</b>   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>VALLE, MARIANO O</b><br><b>8380 NW 166 TERRACE</b><br><b>MIAMI FL 33015</b>     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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]* 1-22-01 305-567-1888  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)