


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

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90859 020 \*\*\*158.75

DOCUMENT # **P98000091942**

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



Principal Place of Business  
~~1500 N ROYAL POINCIANA BLVD~~  
~~MIAMI SPRING FL 33126~~  
**8380 NW 166<sup>TH</sup> TERR**  
**MIAMI, FL 33016**

Mailing Address  
**800 DOUGLAS ENTRANCE**  
**ANNEX BLDG. SUITE 250**  
**CORAL GABLES FL 33134**  
**US**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

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**

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

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

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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, or any other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (10/02)