

2000 UNIFORM BUSINESS REPORT (UBR)

5/15/

FILED
Aug 02, 2000 8:00 am
Secretary of State

05-16-2000 90130 049 ***150.00

DOCUMENT # P99000065882
 1. Entity Name
A.C.D. SALES & RENTALS, INC.

Principal Place of Business Mailing Address
 7341 S.W. 149TH COURT 7341 S.W. 149TH COURT
 MIAMI FL 33193 MIAMI FL 33193-2312

2. Principal Place of Business 3. Mailing Address
MIAMI FLORIDA. **7341 SW 149 COURT**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
MIAMI **FLORIDA.**
 Zip Country
33193 **EE.UU.**

4. FEI Number Applied For
05-0937024 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CUARTAS, MARIA A
7341 S.W. 149TH COURT
MIAMI FL 33193

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.
 SIGNATURE DATE
[Signature] *[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 \$350.00
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 | P <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ZULUAGA, JULIAN | NAME | |
| STREET ADDRESS | 7341 S.W. 149TH COURT | STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33193 | CITY-ST-ZIP | |
| TITLE | V <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CUARTAS, MARIA A | NAME | |
| STREET ADDRESS | 7341 S.W. 149TH COURT | STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33193 | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
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| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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** *[Signature]* 07-15003053823740
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #