

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91787 045 ***150.00

DOCUMENT # 999000076666
1. Entity Name

Acetama Management, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1290 Weston Rd 3. Mailing Address 1220 N.E. 207th Street

Suite, Apt. #, etc. Ste #310 Suite, Apt. #, etc.

City & State Weston, FL City & State Miami, FL

Zip 33326 Country U.S.A. Zip 33179 Country U.S.A.

4. FEI Number 65-0945655 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Carlos E. Lopez

Street Address (P.O. Box Number is Not Acceptable)

1290 Weston Rd Ste 310

City Weston, FL Zip Code 33326

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)

January 1 to May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$81.25
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

TITLE President
NAME Carlos E. Lopez
STREET ADDRESS 1290 Weston Rd - Ste #310
CITY-ST-ZIP Weston, FL 33326

TITLE Vice - President
NAME Edgar J. Lopez
STREET ADDRESS 1290 Weston Rd - Ste #310
CITY-ST-ZIP Weston, FL 33326

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CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)