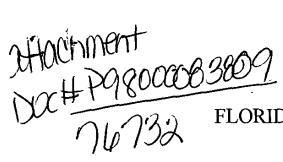
FILED

**2001 UNIFORM BUSINESS REPORT (UBR)** 

## Jul 19, 2001 8:00 am Secretary of State DOCUMENT # **P98000083809** 22-2001 90050 024 \*\*\*150 00 ACMA ENTERPRISES, INC. Principal Place of Business Mailing Address 4141 BAYSHORE BLVD. #904 4141 BAYSHORE BLVD. #904 76732 **TAMPA FL 33611 TAMPA FL 33611** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3671516 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BUSCO, GISELA Street Address (P.O. Box Number is Not Acceptable) 4141 BAYSHORE BLVD. #904 **TAMPA FL 33611** City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change Addition TITLE Delete TITLE NAME NAME CESAR BUSCO, ANTONIO STREET ADDRESS STREET ADDRESS 4141 BAYSHORE BLVD. #904 CITY-ST-ZIP CITY-ST-ZIP <u> TAMPA FL.33611</u> TITLE ☐ Delete TITLE Change Addition NAME NAME LIA BAYON DE BUSCO, CELINA STREET ADDRESS STREET ADDRESS 4141 BAYSHORE BLVD. #904 CITY-ST-ZIP CITY-ST-7IP TAMPA FL 33611 TITLE ☐ Delete Change Addition D NAME BUSCO, CELINA GISELA NAME STREET ADDRESS STREET ADDRESS 4141 BAYSHORE BLVD. #904 CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33611 ☐ Change ☐ Addition TITLE Delete TITLE NAME LIA BUSCO BAYON, MARIA NAME STREET ADDRESS STREET ADDRESS 4141 BAYSHORE BLVD. #904 CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33611 TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP I hereby certify that the information supplied with this filling indicated on this report or supplemental report is true and of the corporation or the receiver or trustee empowers to be compared to the corporation of the receiver or trustee empowers to the corporation of the receiver or trustee empowers to the corporation of the corporation of the receiver of trustee empowers to the corporation of the corpora not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information turate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director cute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or trustee empower changed, or on an attachment with an address. resident SIGNATURE:

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Principal Place of Business 4141 BAYShore Fromye, FL 336	-	4					
2. Principal Place of Business	3. Mailing Address		·		",		·
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State	City & State			4 FEI Number .	71516		Applied For
Zip Country	Zho	Country		5. Certificate of Stat			Not Applicate  5 Additional  soulred
6. Name and Address of Cut	rent Registered Agent	Nan		7. Name and Addre	sts of New Regist		
Busco Gisela				O. Box Number is No	( Accentable)	·	
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TAMPA, FL 33	6 11	City		<del></del>	····	Fj Zp	Code
TAMPA, FL 33  8. The above named entity submitts this statements			e or registers	d agent, or both, in the	e State of Florida.	FL Z	Code
8. The above named entity submits this statement submits this statement submits this statement submits this statement submits submits this statement submits	ont for the purpose of changing	Its registered office		for reinstating)	·	ज्व	Code  55.00 May Bedded to Fees
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## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

June 4, 2001

ACMA ENTERPRISES, INC. 4141 BAYSHORE BLVD. #904 TAMPA, FL 33611

Subject: ACMA ENTERPRISES, INC.

Reference -

P98000083809 ~

Number:

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Provide the title(s) of each officer/director listed on the report or on an attachment.

The person that signed the annual report/uniform business report is not listed as a current officer/director of the corporation. The person signing must be listed as a current officer/director on the report or on an attachment.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/pr

ANNUAL REPORTS SECTION

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314