2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

213793 DOCUMENT

1. Entity Name



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

03-03-2003 90434 019 ***150.00

ACE INL	JUSTRIES, INC.				
54 N.W. 11TH STREET		Mailing Address 54 N.W. 11TH STREET MIAMI FL 33136			
					AN aya n aha n a idh aran an an a
2. Principal	Place of Business	3. Mailing Address			
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.		_	
			☐ CHECK HERE IF MAKING CHANGES		
City & Sta	ate	City & State		4. FEI Number 59-0855424	Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired	Not Applicable \$8.75 Additional
	6. Name and Address of Currer	nt Registered Agent		7. Name and Address of New Registere	Fee Required
FOIFOLIA			Name	7. Name and Address of New Registers	d Agent
FRIEDMAN, RICHARD 54 N.W. 11TH STREET			Street Addres	ss (P.O. Box Number is Not Acceptable)	
MIAMI FL 33136					
			City		
8. The above	e named entity submits this statement	for the purpose of character its			Zip Code
the obliga	ations of registered agent.	for the purpose of changing its	registered office or regis	tered agent, or both, in the State of Florida. I a	m familiar with, and accept
SIGNATURE		<u> </u>			
	Signature, typed or printed name of registered ager	nt and title if applicable. (NOT	E: Registered Agent signature requi	ired when reinstating) DATE	
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00			9. Election Campaign Financing	\$5.00 May Be
	k Payable to Florida Department	Į.		Trust Fund Contribution.	Added to Fees
TITLE	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 11
NAME	FRIEDMAN, RICHARD	☐ Delete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS	54 N.W. 11TH STREET		STREET ADDRESS		
CITY-ST-ZIP TITLE	MIAMI FL		CITY-ST-ZIP		
NAME		☐ Delete	TITLE :		☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP		· ,	C <u>IT</u> Y-ST-ZIP_	<u> </u>	<u> </u>
NAME		☐ Delete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME		☐ Delete	TITLE		☐ Change ☐ Addition
STREET ADDRESS			NAME STREET ADDRESS		
CITY-ST-ZIP	•		CITY-ST-ZIP		
TITLE NAME		☐ Delete	TITLE		☐ Change ☐ Addition
STREET ADDRESS			NAME STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	-	☐ Delete	TITLE		☐ Change ☐ Addition
STREET ADDRESS			NAME STREET ADDRESS		
CITY-ST-ZIP	;	•	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, with all other like empowered.

SIGNATURE:

CONTRED WAS SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-28-03

305 358 2571