

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #-273296

1. Entity Name

ACE DRIVEAWAY SYSTEM INC

FILED
Feb 17, 2000 8:00 am
Secretary of State

02-17-2000 90129 002 ***150.00

Principal Place of Business

3802 NE 20TH STREET
#603
AVENTURA FL 33180

Mailing Address

3802 NE 20TH STREET
#603
AVENTURA FL 33180-3850

2. Principal Place of Business

3. Mailing Address

Suite, Apt. # **LARRY LEVY**
20165 N.E. 39 PLACE
PENTHOUSE #4
AVENTURA, FL 33180

Suite, Apt. # **LARRY LEVY**
20165 N.E. 39 PLACE
PENTHOUSE #4
AVENTURA, FL 33180

4. FEI Number **13-2585544**

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEVY, LARRY
11111 BISCAYNE BLVD. #1855,
MIAMI FL 33161

Name **LARRY LEVY**
Street Address (P.O. Box and Mailing Address acceptable)
20165 N.E. 39 PLACE
PENTHOUSE #4
AVENTURA, FL 33180
City **FL 33180**

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.

LARRY LEVY

(NOTE: Registered Agent signature required when reinstating)

DATE

2-12-00

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 \$550.00
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 checked="" type="checkbox"/> Delete
NAME	LEVY, LARRY	
STREET ADDRESS	11111 BISCAYNE BLVD 1855	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BUFFA, ROBERT	
STREET ADDRESS	11111 BISCAYNE BLVD 1855	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE	P	<input type="checkbox"/> Delete
NAME	20165 N.E. 39 PLACE	
STREET ADDRESS	PENTHOUSE #4	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LARRY LEVY

Date

Daytime Phone #

305-932-0000

2-12-00

CR2E034 (9/99)