

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90087 048 ***150.00

DOCUMENT # 529401

1. Entity Name
A.C.F. SERVICES, INC.

Principal Place of Business

~~1840 W. 49TH ST., SUITE 602~~
~~MIAMI FL 33082~~

Mailing Address

~~1840 W. 49TH ST., SUITE 602~~
~~MIAMI FL 33082~~

2. Principal Place of Business

9450 SUNSET DRIVE
 Suite, Apt. #, etc.
SUITE # 103
 City & State
MIAMI, FL.

3. Mailing Address

9450 SUNSET DRIVE
 Suite, Apt. #, etc.
SUITE # 103
 City & State
MIAMI, FL.



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1800663**

Applied For
 Not Applicable

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

Zip **33173** Country **U.S.A.**

Zip **33173** Country **U.S.A.**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SERRANO, RAFAEL J.
~~1840 W 49TH ST~~
~~SUITE 419~~
~~MIAMI FL 33040~~

Name
 Street Address (P.O. Box Number is Not Acceptable)
9450 SUNSET DRIVE

SUITE # 103
 City **MIAMI** FL Zip Code **33173**

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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PD SERRANO, RAFAEL J. 8320 SW 29TH ST MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SERRANO, BEATRIZ 8320 SW 29TH ST MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RALPH M. SERRANO 8320 S.W. 29TH STREET MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SERRAND, DANIEL J. 8320 SW 29TH ST. MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **RAFAEL J. SERRANO, PRES.** Date: **3/3/01** Daytime Phone #: **(305) 412-7273**

CR2E034 (10/00)