

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F88905

1. Entity Name

AMERICAN CONSERVATION ENTERPRISES, INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90097 012 ***150.00

Principal Place of Business

Mailing Address

7985 NW 174TH ST
DEN
MIAMI FL 33015-3016
US

7985 NW 174TH ST
DEN
MIAMI FL 33015-3616
US

2. Principal Place of Business

7985 NW 174 St,

3. Mailing Address

7985 NW 184 St,

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL,

City & State

Miami FL,

4. FEI Number

59-2204651

Applied For

Not Applicable

Zip

33015 3616

Country

Zip

33015 3616

Country

Miami Dade

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SLAVIN, MARK
1031 N MIAMI BEACH BLVD
N MAIMI BEAHC FL 33013

7. Name and Address of New Registered Agent

Name

Same M Slavin

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

1031 Miami Bch Blvd,

N Miami bch FL 33013

City

N Miami Bch

FL

Zip Code
33013

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.

Allan White

SIGNATURE *Allan White*

1/5/2000

Signature, typed or printed name of registered agent and title if applicable.

(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) ☒

No TAX

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

TITLE ☐ Delete
NAME P
STREET ADDRESS WHITE, ALLAN
CITY-ST-ZIP 7985 NW 174 ST
MIAMI FL

TITLE ☐ Delete
NAME VST
STREET ADDRESS WHITE, BETTY
CITY-ST-ZIP 7985 NW 174 ST
MIAMI FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS SAME
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS Same
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Allan White*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/5/2000 305 8221822