

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F960000000002

1. Entity Name

ACES GREEN ISLE GP, INC.

Principal Place of Business

1050 LEE WAGENER BLVD.  
SUITE 301  
FT. LAUDERDALE FL 33315

Mailing Address

1050 LEE WAGENER BLVD.  
SUITE 301  
FT. LAUDERDALE FL 33315-3500

FILED

00 APR 20 AM 10:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1555 North Park Drive  
Suite, Apt. #, etc.  
Suite 101  
City & State  
Weston FL  
Zip  
33326  
Country  
USA

3. Mailing Address

1555 North Park Drive  
Suite, Apt. #, etc.  
Suite 101  
City & State  
Weston FL  
Zip  
33326  
Country  
USA

4. FEI Number

65-0643645

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name  
Rosen, Lawrence N. Esquire  
Street Address (P.O. Box Number is Not Acceptable)  
Lawrence N. Rosen PA  
2925 Aventura Blvd. Suite 308  
City  
Aventura FL  
Zip Code  
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

(NOTE: Registered Agent signature required when reinstating)

DATE

04/19/00

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
ROSS, DAVID  
6860 LIONS HEAD LANE  
BOCA RATON FL 33496  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VST  
LEVINE, JEFFREY M  
1050 LEE WAGENER BLVD.  
FT. LAUDERDALE FL 33315  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VST  
LEVINE, Jeffrey M.  
1555 North Park Drive  
WESTON, FL 33326  
☒ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
800003216238--2  
04/20/00 01041-001  
\*\*\*1387.50 \*\*\*158.75  
☐ Change ☐ Addition

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

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

Jeffrey Levine  
Signature and typed or printed name of signing officer or director

Date

4/19/00

Daytime Phone #

954-389-7100

CR2E034 (9/99)