

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90174 040 ***150.00

DOCUMENT # F96000000002

1. Entity Name
ACES GREEN ISLE GP, INC.



Principal Place of Business
**1555 NORTH PARK DRIVE
SUITE 101
WESTON FL 33326**

Mailing Address
**1555 NORTH PARK DRIVE
SUITE 101
WESTON FL 33326**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0643645**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ROSEN, LAWRENCE N ESQ.
LAWRENCE N. ROSEN, P.A.
2925 AVENTURA BLVD., STE 300
AVENTURA FL 33180**

7. Name and Address of New Registered Agent

Name **Rosen, Lawrence N. Esq.**
Street Address (P.O. Box Number is Not Acceptable)
21170 NE 22 CT
City **N. Miami Beach FL** Zip Code **33180**

8. The above named agent submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, the registered agent.

SIGNATURE **Lawrence N. Rosen** (NOTE: Registered Agent signature required when reinstating)

DATE **1/28/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE **VST** ☐ Delete
NAME **LEVINE, JEFFREY M**
STREET ADDRESS **1555 NORTH PARK DRIVE**
CITY-ST-ZIP **WESTON FL 33326**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **President** ☒ 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

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: **Jeffrey M. Levine** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/8/03**

Daytime Phone # **534-389-7102**

CR2E034 (10/02)