

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90035 050 ***150.00

DOCUMENT # F97000002072

1. Entity Name

PACIFIC ACE FOREX (USA) LTD., INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

350 BISCAYNE BLVD

3. Mailing Address

200 S. Orange Ave.

Suite, Apt. # etc.

Suite, Apt. #, etc.

Suite 2300

City & State

MIAMI FL

City & State

Orlando, FL 32802

Zip

33132

Country

Zip

Country

4. FEI Number

59-3438915

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

A.G.C. Co.

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

200 South Orange Avenue

Suite 2300

City

Orlando

FL

Zip Code
32802

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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
Dio, AR
STREET ADDRESS
17/F Euro Trd. Ctr. 13-14 Connaught
CITY-ST-ZIP
Central Hong Kong

TITLE
NAME
Dio, Virginia S
STREET ADDRESS
17/F Euro Trd. Ctr. 13-14 Connaught
CITY-ST-ZIP
Central Hong Kong

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Rogelio A Dio*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/2002
Date

305 379 4855
Daytime Phone #

CR2E034B (12/01)