

# UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2004 8:00 am**  
**Secretary of State**

05-07-2004 90004 023 \*\*\*\*50.00

1. Entity Name *L 00000001920*

*ACM CAPITAL LLC*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
*1717 N. Bay Shore DR*

3. Mailing Address  
*1717 N. Bay Shore DR*

Suite, Apt. #, etc.  
*130*

Suite, Apt. #, etc.  
*130*

City & State  
*MIAMI, FL*

City & State  
*MIAMI, FL*

Zip  
*33132*

Country

Zip  
*33132*

Country

4. FEI Number  
*65-0984549*

Applied For  
 Not Applicable

5. Certificate of Status Desired ☒ \$5.00

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 IN THIS SPACE**

## 7. Name and Address of Current Registered Agent

Name *ALEXANDER MAKHORIN*

Street Address (P.O. Box Number is Not Acceptable)  
*310 SE MIZNER BLVD, #1001*  
*BOCA RATON*

City

FL

Zip Code *33486*

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 *Alexander Makhorin* *ALEXANDER MAKHORIN*

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

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

## 9. MANAGING MEMBERS / MANAGERS

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP  
*PRESIDENT*  
*MAKHORINE ALEXANDER*  
*1717 N. Bay Shore DR Ste 130*  
*MIAMI, FL 33132*

TITLE  
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *ALEXANDER MAKHORINE*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*4/03/04*

Date

Daytime Phone #