


201-2003

102

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L00000001920**

1. Entity Name
A.C.M. Capital, LLC



DO NOT WRITE IN THIS SPACE

FILED
03 APR -1 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800013737968
03/10/03--01012--023 **50.00

2. Principal Place of Business
1717 N. Bay Shore Dr.
Suite, Apt. #, etc. **S-130**

3. Mailing Address
Same
Suite, Apt. #, etc.

City & State
Miami, FL

City & State

Zip **33132** Country

Zip Country

DO NOT WRITE IN THIS SPACE

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4. FEI Number
65-0984549

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

7. Name and Address of Current Registered Agent

Name **SPIGEL & UTRERA, P.A.**

Street Address (P.O. Box Number is Not Acceptable)
543 ALMERIA ave,

City **Coral Gables** FL Zip Code **33134**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **NATALIA UTRERA**
Signature, typed or printed name of registered agent and title if applicable.

DATE **03/10/03**

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

800013737968
03/10/03--01012--022 **50.00

| 9. MANAGING MEMBERS/MANAGERS | | | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | President Alexander Malkhorin 1717 N. Bayshore Dr #130 Miami, FL 33132 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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: **[Signature]** **3-20/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/02)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



ACM CAPITAL

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Fax (1)530-236-6970

Tuesday, March 04, 2003

Department of State
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, Fl 32314

Re: Reinstatement of A.C.M. Capital, LLC
EIN# 65-0984549

Dear Sirs,
We found out recently that Status our Company is INACTIVE and we did not send any Uniform Business Report to the Department of State. We are very sorry for that but we never received this Forms for our A.C.M. Capital LLC, may because of changing of our address. Please find attached three checks for \$50.00 each for 2001, 2002 and 2003 of the Uniform Business Report for A.C.M. Capital, LLC Kindly note that the new address is:

1717 N. Bay Shore Dr. Suite 130
Miami, Fl 33132.

I kindly ask you to reinstate our Company, if you have any questions please do not hesitate to call me at 786-271-0525.

Thank you very much,
Sincerely, *Alexander Makhorine*
Alexander Makhorine
President

L00-1920