


201-2003  
**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L000000001920

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



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
1717 N. Bay Shore Dr.  
Suite, Apt. #, etc.  
S-130  
City & State  
Miami, FL

3. Mailing Address  
Same  
Suite, Apt. #, etc.  
City & State  
Zip  
33132  
Country

4. FEI Number  
65-0984549

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

7. Name and Address of Current Registered Agent

Name  
SPIGGEL & 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.

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<u>President</u> <u>Alexander Malkhorin</u> <u>1717 N. Bayshore Dr #130</u> <u>Miami, FL 33132</u>	

**DO NOT WRITE IN THIS SPACE**

800013737968  
03/10/03--01012--024 \*\*50.00

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 #

292

FILED

03 APR -1 AM 9:47



# ACM CAPITAL

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1717 N. Bayshore Drive  
Ste 130  
Miami FL 33132  
E-mail: Acmcapital@aol.com  
www.acmcapital.com

Tel (1) 786-853-9769  
Tel (1) 786-274-83-44  
Tel (1) 786-271-0525  
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

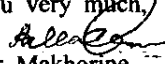
Dear Sirs,

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  
President

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