

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L38140

1. Entity Name

I.A.C.E. ASSOCIATES, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 26 AM 9:03

Principal Place of Business

Mailing Address

2300 CORAL WAY
SUITE 200
MIAMI FL 33145
US

2300 CORAL WAY
SUITE 200
MIAMI FL 33145-3511
US

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

65-0172232

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLORIDA ANNUAL REPORT SERVICES INC
2300 CORAL WAY
SUITE 200
MIAMI FL 33145

Name

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

City

FL

Zip Code

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.

AMADA CANTERA LOPEZ, PRES.

(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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME PD
STREET ADDRESS CHARUR, CARLOS
CITY-ST-ZIP 6201 SW 135 ST
MIAMI FL

☐ Delete

TITLE
NAME VD
STREET ADDRESS CHARUR, IRMA
CITY-ST-ZIP 10424 SW 79TH PL
MIAMI FL

☒ Delete

TITLE
NAME STD
STREET ADDRESS CHARUR, EMILIO
CITY-ST-ZIP 302 POINCIANA ISL 160 ST
N MIAMI BEACH FL

☐ Delete

TITLE
NAME S
STREET ADDRESS CHARUR, ELIAS A
CITY-ST-ZIP 9165 FOUNTAINBLEAU BLVD.
MIAMI FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME VD
STREET ADDRESS ZEDAN, GUILLERMO A
CITY-ST-ZIP 11757 SW 90 Terr.
Miami, FL 33186

☒ Change ☐ Addition

TITLE
NAME STD
STREET ADDRESS CHARUR, EMILIO
CITY-ST-ZIP 11401 SW 77 Avenue
Miami, FL 33156

☒ Change ☐ Addition

TITLE
NAME S
STREET ADDRESS CHARUR, ELIAS A
CITY-ST-ZIP 27440 SW 187 Avenue
Homestead, FL 33031

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARLOS CHARUR, PRES.

Date

Daytime Phone #

CR2E034 (9/99)