

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 19, 2001 8:00 am
Secretary of State

09-19-2001 90123 005 ***550.00

DOCUMENT # P00000020042

1. Entity Name

ACR Contractors Equipment, Inc.

Principal Place of Business

7003 North Waterway Dr.
 Suite 217
 Miami, FL 33155

Mailing Address

7003 N. Waterway Dr.
 Suite 217
 Miami, FL 33155

A0086746

2. Principal Place of Business

7003 North Waterway Dr.

3. Mailing Address

7003 N. Waterway Dr.

Suite, Apt. #, etc.

217

Suite, Apt. #, etc.

217

City & State

Miami, FL

City & State

Miami FL 33155

DO NOT WRITE IN THIS SPACE

4. FEI Number

05-0990163

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

Name

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

City

FL

Zip Code

Rodriguez, Magdalena
 7003 North Waterway Dr. S-217
 Miami, FL 33155

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)

9/8/01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 Rodriguez, Magdalena
 CITY-ST-ZIP 7003 N. Waterway Dr. S-217
 Miami, FL 33155

☐ Delete

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

☐ Delete

☐ 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]

9/8/01

(305) 262-2027

(305) 262-0202

CR2E034 (5/01)