

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90046 029 \*\*\*150.00

**DOCUMENT # P00000033393**

1. Entity Name  
**A & C PROPERTIES I, INC.**

Principal Place of Business <b>6187 N.W. 167TH STREET          SUITE H-5          MIAMI FL 33015</b>	Mailing Address <b>6187 N.W. 167TH STREET          SUITE H-5          MIAMI FL 33015</b>
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2. Principal Place of Business <b>12555 ORANGE DR</b> Suite, Apt. #, etc. <b>SUITE 119</b>	3. Mailing Address <b>12555 ORANGE DR</b> Suite, Apt. #, etc. <b>SUITE 119</b>
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DO NOT WRITE IN THIS SPACE

City & State <b>DAVIE FL</b>	City & State <b>DAVIE FL</b>	4. FEI Number <b>65-1006498</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33330</b>	Country <b>USA</b>	Zip <b>33330</b>	Country <b>USA</b>

6. Name and Address of Current Registered Agent <b>FUXA, ANDREW JR.          6187 NW 167TH STREET          H-5          MIAMI FL 33015</b>	7. Name and Address of New Registered Agent Name <b>ANDREW FUXA JR</b> Street Address (P.O. Box Number is Not Acceptable) <b>12555 ORANGE DR</b> <b>SUITE 119</b> City <b>DAVIE</b> <b>FL</b> Zip Code <b>33330</b>
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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) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FUXA, ANDREW JR</b> <b>6187 N.W. 167TH STREET SUITE H-5</b> <b>MIAMI FL 33015</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ANDREW FUXA JR</b> <b>12555 ORANGE DR # 119</b> <b>DAVIE FL 33330</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:** **4-25-02** **954-423-7600**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)