

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90089 015 \*\*\*150.00

0348777 AV

**DOCUMENT # P00000074218**



1. Entity Name  
**ACES OF BROWARD COUNTY, INC.**

Principal Place of Business  
**610 SE 14TH COURT #8  
FT LAUDERDALE FL 33316**

Mailing Address  
**610 SE 14TH COURT #8  
FT LAUDERDALE FL 33316**



2. Principal Place of Business  
**211 SW 2<sup>ND</sup> STREET  
SUITE J**

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

City & State  
**FORT LAUDERDALE, FL**  
Zip  
**33301**  
Country  
**U.S.A.**

City & State  
Zip  
Country

4. FEI Number  
**65-1043334**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**SCHREIBER, FRANCES  
ONE NE SECOND AVE STE 204  
MIAMI FL 33132**

**7. Name and Address of New Registered Agent**

Name  
**FRANK J. ABRUZZINO**  
Street Address (P.O. Box Number is Not Acceptable)  
**610 SE 14TH CT, #8**  
**FORT LAUDERDALE, FL 33316**  
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. I am familiar with, and accept the obligations of registered agent.

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

**FRANK J. ABRUZZINO, PRESIDENT**

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>ABRUZZINO, FRANK J</b> <b>610 SE 14TH COURT #8</b> <b>FT LAUDERDALE FL 33316</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>ABRUZZINO, JAMES C</b> <b>1770 LAKESHORE DRIVE</b> <b>WESTON FL 33326</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 reports 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/12/03**  
Date

**954 463 6636**  
Daytime Phone #

CR2E034 (10/02)