

2002 UNIFORM BUSINESS REPORT (UBR)
DOCUMENT # P00000080104
**1. Entity Name
ACROPOLIA, INC.**
Principal Place of Business Mailing Address
 3661 SOUTHWEST COQUINA COVE WAY, STE 205
 PALM CITY FL 34990

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State **City & State**

Zip

Country

Zip

Country

**FILED
Jan 11, 2002 8:00 am
Secretary of State**

01-11-2002 90005 013 ***150.00

 0569071
AV


DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1038304** **Applied For**
 Not Applicable

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

6. Name and Address of Current Registered Agent

 SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

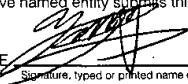
7. Name and Address of New Registered Agent

 Name **LI, HO-YIN A.**

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

3661 SW COQUINA COVE WAY; STE 205

 City **PALM CITY**
FL Zip Code **34990**
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.

LI, HO-YIN A. PRESIDENT & DIRECTOR

(NOTE: Registered Agent signature required when reinstating)

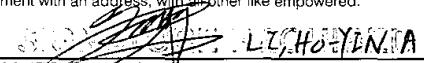
JAN 6, 2002

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State**
10. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. Added to Fees

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

TITLE	PSTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LI, HO-YIN A		NAME	
STREET ADDRESS	3661 SOUTHWEST COQUINA COVE WAY, SUITE 205		STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL 34990		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
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STREET ADDRESS			STREET ADDRESS	
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STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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

JAN 6, 2002 561-349-9298

Date

Daytime Phone #

CR2E034 (9/01)