

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90032 030 ***150.00

DOCUMENT # P00000090415

1. Entity Name
ADVANT ACE, INC.

Principal Place of Business

~~2650 NE 52ND STREET~~
~~LIGHTHOUSE POINT FL 33064-7052~~

Mailing Address

~~2650 NE 52ND STREET~~
~~LIGHTHOUSE POINT FL 33064-7052~~

2. Principal Place of Business

4520 NW 60 LANE

Suite, Apt. #, etc.

3. Mailing Address

4520 N.W. 60 LANE

Suite, Apt. #, etc.

City & State

COCONUT CREEK FL

Zip

33073

Country

USA

City & State

COCONUT CREEK FL

Zip

33073

Country

USA

4. FEI Number

65-1040170

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

~~EVANGELISTA, ANTHONY T~~
~~907 NE 23RD TERRACE~~
~~POMPANO BEACH FL 33062~~

7. Name and Address of New Registered Agent

Name **EVANGELISTA, ANTHONY T.**

Street Address (P.O. Box Number is Not Acceptable)
4520 NW 60 LANE

City **Coconut Creek** **FL** Zip Code **33073**

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)

ANTHONY T. EVANGELISTA

2-08-02

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
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **EVANGELISTA, ANTHONY T**
 STREET ADDRESS **907 NE 23RD TERRACE**
 CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
 NAME **EVANGELISTA, ANTHONY T.**
 STREET ADDRESS **4520 NW 60 LANE**
 CITY-ST-ZIP **COCONUT CREEK FL 33073**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
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 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.

ANTHONY T. EVANGELISTA, PRES.

SIGNATURE:

REQUIRED

2-08-02

(954) 421-0573

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

CR2E034 (9/01)