

2001 UNIFORM BUSINESS REPORT (UBR)

PS142

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUL 31 AM 9:55

DOCUMENT # **P00000101546**

1. **Entity Name**
AACM Inc.

Principal Place of Business
**2012 S.W 104th AVE.
MIRAMAR FL 33025**

Mailing Address
**2012 S.W 104th AVE
MIRAMAR FL 33025**

2. Principal Place of Business
Suite, Apt. #, etc.

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

City & State

Zip

Country

4. FEI Number **65-1054962**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**ANCEL A. CASTILLO
3899 N.W 7th ST. #203
MIAMI - FLORIDA 33126**

7. Name and Address of New Registered Agent

Name

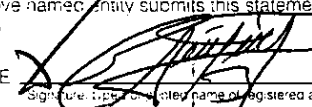
Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

3. 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  **07/19/01**

Signature of the registered agent and the applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 PS	NAME ANCEL A. CASTILLO	☐ Delete
STREET ADDRESS 2012 S.W 104th AVE.		
CITY-ST-ZIP MIRAMAR FL 33025		
TITLE	NAME	☐ Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	☐ Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	☐ Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	☐ Delete
STREET ADDRESS		
CITY-ST-ZIP		

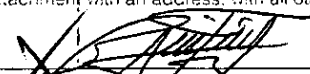
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

400004534034-2
-08/14/01--01058--007
******150.00 ****150.00**

SP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(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 807, 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:  **07/19/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR21E034 (11/00)

pg 2 of 2

07/25/01

TO: DEPARTMENT OF STATE

Subject: AACM Inc. ~~ENC~~
2001 ANNUAL REPORT

As per conversation with your department enclose
please find my 2001 Annual report with the original
fee of \$150⁰⁰ due I never received the reports
from your department.

I apologize for any inconvenience.

~~Sincerely yours~~
ANGE / A. Castillo