2001 UNIFORM BUSINESS REPORT (UBR)

P81942

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUL 31 AM 9:55

DOCUMENT # P00000101546

1. Entity Name
AACM Inc.

Principal Place of Business	Mailing Address
2012 S.W 104th AVE. Miramar Fla 33025	2012 S.W 104th AVE Miramar Fla 33025

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

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

Angel 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

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] 07/19/01
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) ☐

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P,S / Angel A. Castillo / 2012 S.W 104th AVE. / Miramar Fla 33025 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 400004534034--2 -08/14/01--01058--007 ****150.00 ****150.00
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CR2E034 (11/00)

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] 07/19/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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07/25/01

TO: DEPARTMENT of STATE

Subject: AACM INC.
2001 ANNUAL REPORT

AS PER CONVERSATION WITH YOUR DEPARTMENT ENCLOSE PLEASE FIND MY 2001 ANNUAL REPORT WITH THE ORIGINAL FEE OF $150.00 DUE I NEVER RECEIVED THE REPORTS FROM YOUR DEPARTMENT,
I APOLOGIZE FOR ANY INCONVENIENCE.

SINCERELY YOURS

ANGEL A. CASTILLO