

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

01-24-2002 90180 047 ***150.00

DOCUMENT # P01000044686

1. Entity Name
ACAD / DESIGN, CORP.

Principal Place of Business
6661 SW 18TH ST APT 107
PEMBROKE PINES, FL 33023

Mailing Address
6661 SW 18TH ST APT 107
PEMBROKE PINES FL 33023

2. Principal Place of Business

SAME

Suite, Apt. #, etc.

3. Mailing Address

SOME

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-109-7545

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

POU, BIENBENIDO E
6661 SW 18TH ST APT 107
PEMBROKE PINES FL 33023

7. Name and Address of New Registered Agent

Name

POU BIENBENIDO E

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

6661 S.W. 18TH ST. APT. 107

City

PEMBROKE PINES

FL

Zip Code

33023

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 **BIENBENIDO E. POU**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/10/02

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 **PS** ☐ Delete
 NAME **POU, BIENBENIDO E**
 STREET ADDRESS **6661 SW 18TH ST APT 107**
 CITY-ST-ZIP **PEMBROKE PINES FL 33023**

TITLE ☐ Delete
 NAME
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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: **BIENBENIDO E. POU**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/02 (954) 559-5721
 Date Daytime Phone #

CR202-1 (9/01)