

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P01000066931

1. Entity Name
ACU-MART INTERNATIONAL, INC



FILED

03 MAR -7 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
2040 NE 163RD ST.
201C
MIAMI FL 33162

Mailing Address
3741 NORTHEAST 163RD STREET
SUITE 269
NORTH MIAMI BEACH FL 33160-4104

2. Principal Place of Business
17100 NE 19th Ave

3. Mailing Address
17100 NE 19th Ave

Suite, Apt. #, etc.
108

Suite, Apt. #, etc.
108

City & State
North Miami Beach FL

City & State
North Miami Beach FL

Zip
33162

Country

Zip
33162

Country

4. FEI Number 65-1120224

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 CORAL WAY, 4TH FLR.
MIAMI FL 33145

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
GOSINE, RAWLE V
3741 NORTHEAST 163RD STREET SUITE 269
NORTH MIAMI BEACH FL 33160-4104 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
17100 NE 19th Ave Suite 108
North Miami Beach FL 33162 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800014446218
03/21/03--01041--030 **150.00 ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
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TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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

12. 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 10 or Block 11 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

January 31, 2003 305-945-5359

Date

Daytime Phone #

CR2E034 (10/02)