

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000067655

1. Entity Name

AC CHEM CORP.

FILED

02 DEC 12 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business:

P.O. BOX 025645

3. Mailing Address:

SAME

City, St., Zip
PB 1646

State, Apt. #, etc.

City & State

MIAMI, FL 33102-5645

City & State

Zip

Country

4. FEI Number

65-1120755

Agency for
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name NESTOR CORONADO

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

7360 CORAL WAY SUITE:21

City MIAMI

FL 33155

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 of Officer or Director)

(Signature of Registered Agent)

12/11/02

9. This corporation is eligible to satisfy its franchise
tax filing requirement and elects to do so.
(See criteria on back)

January 1 - May 1: Fee is \$130.00.
After May 1: Fee is \$550.00.
Amended UBR is \$61.25.
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 PSD
NAME CORRALES-MELGAR, ALBERTO
STREET ADDRESS 1155-102 ST #105
CITY, ST., ZIP MIAMI, FL 33154

TITLE
NAME
STREET ADDRESS
CITY, ST., ZIP
100012856821
02/20/03--01008--020 **300

TITLE VD
NAME CORRALES, LUIS
STREET ADDRESS 1155-102 ST #105
CITY, ST., ZIP MIAMI, FL 33154

TITLE
NAME
STREET ADDRESS
CITY, ST., ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST., ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST., ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY, ST., ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST., ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST., ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST., ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST., ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST., ZIP

12. I hereby certify that the information supplied with this filing does not comply for the exemption stated in Section 19.0713(3), Florida Statutes. Further, I certify that the information indicated on this report of Supplemental Report is true and accurate and that my signature shall have the same legal effect as if made in person by me. I am an officer or director of the corporation or the registered agent who is required to execute this report as required by Chapter 507, Florida Statutes; and that my name appears in Book 11 or on an attachment with no delinquency, with an outstanding delinquency.

SIGNATURE:

(Signature and Typed Name of Signing Officer or Director)

PRESIDENT

12/11/02

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

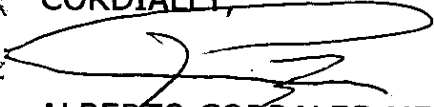
TO WHOM IT MAY CONCERN:

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE FOR THE 2002
UNIFORM BUSINESS REPORT (FIRST NOR SECOND NOTICE OF THE UBR). I
HAVE NOT CHANGED MY PRINCIPAL OR MAILING ADDRESS.

PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT MY CORPORATION IN ITS
ACTIVE STATUS AND TO WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER.

CORDIALLY,



ALBERTO CORRALES-MELGAR
PRESIDENT