

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2002 8:00 am
Secretary of State

04-19-2002 90002 018 ***150.00

0297256 AV

DOCUMENT # P01000074712

1. Entity Name
DADE ACS, CORP.

Principal Place of Business
**9951 SW 123RD AVE
MIAMI FL 33186**

Mailing Address
**9951 SW 123RD AVE
MIAMI FL 33186**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1351 N E MIAMI GARDEN DR

3. Mailing Address
1351 N E MIAMI GARDEN DR

Suite, Apt. #, etc.
716 E

Suite, Apt. #, etc.
716 E

City & State
NO. MIAMI BEACH, FL

City & State
NO. MIAMI BEACH

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip
33179

Country
MIAMI-DADE

Zip
33179

Country
MIAMI-DADE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MUXO, MARIO
9951 SW 123RD AVE
MIAMI FL 33186**

Name
ILEANA MUXO

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

9 1351 N E MIAMI GARDEN DR 716 E

City
NO MIAMI BEACH

FL Zip Code
33179

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, 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPS
MUXO, MARIO
9951 SW 123RD AVE
MIAMI FL 33186** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPS
MUXO, ILEANA
1351 N E MIAMI GARDEN DR
NO MIAMI BEACH FL 33179** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)