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02 MAR 15 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000082196

1. Entity Name

Ace Mart Inc

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4920 Golden Gate Pkwy	4920 Golden Gate Pkwy
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Naples, Fl	City & State: Naples, Fl
Zip: 34116 Country	Zip: 34116 Country

4. FEI Number 651131120 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Avila Juanita

Street Address (P.O. Box Number is Not Acceptable): 4920 Golden Gate Pkwy

City: Naples FL Zip Code 34116

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 ____________ 02/09/02

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) ☒

January 1 - May 1 Fee is $150.00
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	PD	TITLE	
NAME	Avila Juanita	NAME	
STREET ADDRESS	4920 Golden Gate Pkwy	STREET ADDRESS	
CITY-ST-ZIP	Naples Fl 34116	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	Yasin Avila	NAME	
STREET ADDRESS	4920 Golden Gate Pkwy	STREET ADDRESS	
CITY-ST-ZIP	Naples, Fl 34116	CITY-ST-ZIP	
TITLE		TITLE	DO NOT WRITE
NAME		NAME	IN THIS SPACE
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: ____________ 02/09/02 941-572-0791

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (12/01)