

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

0143969 AV

03-29-2002 91413 041 ***150.00

DOCUMENT # P01000102971
 1. Entity Name
ACOH SALES ENTERPRISES INC.

Principal Place of Business Mailing Address
7402 WEST 33RD LANE **7402 WEST 33RD LANE**
HIALEAH FL 33018 **HIALEAH FL 33018**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
9500 NW 77th Ave **9500 NW 77th Ave**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Bay # 5 **Bay # 5**
 City & State City & State
Hialeah Gardens, Fl. **Hialeah Gardens, Fl.**
 Zip Country Zip Country
33016 **Miami-Dade** **33016** **MIAMI-DADE**

4. FEI Number Applied For
65-1145825 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HERNANDEZ, OSCAR
7402 WEST 33RD LANE
HIALEAH FL 33018

7. Name and Address of New Registered Agent
 Name **Oscar Hernandez**
 Street Address (P.O. Box Number is Not Acceptable) **9500 NW 77th Ave**
Bay # 5
 City **Hialeah Gardens** FL Zip Code **33016**

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 **Oscar E. Hernandez** **[Signature]** DATE **3-14-02**
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)

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 NAME STREET ADDRESS CITY-ST-ZIP	PD HERNANDEZ, OSCAR 7402 WEST 33RD LANE HIALEAH FL 33018	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CASTRO, AMAURY A 7080 WEST 35TH AVE #125 HIALEAH FL 33018	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9500 NW 77th Ave Bay 5 Hialeah Gardens, Fl. 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9500 NW 77th Ave Bay 5 Hialeah Gardens, Fl. 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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]** **Oscar E. Hernandez, Pres.** Date **3-14-02** Daytime Phone # **305 231 4110**

CR2E034 (9/01)