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FILED
Sep 03, 2002 8:00 am
Secretary of State

05-28-2002 90719 025 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000112341

1. Entity Name
A&C CONTROL INC

Principal Place of Business

10203 NW 7 AVE.
 MIAMI FL 33150

Mailing Address

10203 NW 7 AVE.
 MIAMI FL 33150

2. Principal Place of Business

10203 NW 7 AVE

3. Mailing Address

Suite, Apt. #, etc.

MIAMI FL

Suite, Apt. #, etc.

City & State

City & State

Zip 33150

Country Drive

Zip

Country

4. FEI Number

05-1153762

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GOPAL, KUMAR
 10203 NW 7 AVE.
 MIAMI FL 33150

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reconstituting)

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 ☐ Delete

D SINGH, LINDA
 10203 NW 7 AVE.
 MIAMI FL 33150

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

A& C CONTROL INC
10203 NW 7 AVE
MIAMI FL 33150

Attachment 870677
#P01000112341

DEPT OF STATE
TALLAHASSEE
FL

TO WHOM IT MAY CONCERN.

DEAR SIR/MADAM,

INCLOSE IS MY BUSINESS REPORT FOR 2002,I DID NOT GET
THE RENEWAL FORM UNTIL TODAY. PLEASE WAVER THE LATE FEES.

THANK YOU