5/2

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

2002 UNIFORM BUSINESS REPORT (UBR)

| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | DOCUMENT # PO100 1. Entity Name . A&C CONTROL INC | 0112341 | / | 05-28- | 2002 90719 | 9 025 ***150.0 | | |
|---|--|---|-----------------------------------|---|--|----------------|--|--|
| 10200 NN 7 AVE MIAMI PL 30150 2. Principal Place of Business 10203 NN 7 AVE MIAMI PL 30150 Suito, Apl. #. 8tc. Suito, Apl. #. 8tc. DO NOT WRITE IN THIS SPACE City & State City & State Signature S | Principal Place of Business | | • | | | | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE | 10203 NW 7 AVE. | W 7 AVE. 10203 NW 7 AVE. | | | | | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE | <u> </u> | | | | | | | |
| Suite, Apt. 4, etc. City & State Country S. Certificate of Status Desired S. | | | | | | | | |
| City & State Cay & State Country Cay Coun | | | | DO NOT WRITE IN THIS SPACE | | | | |
| Country S. Certificate of Status Desired \$8.75 Additional Fee Required \$8.75 Additiona | | City & State | • | 4. FEI Number | | | | |
| Sirest Address of New Registered Agent Name and Address of New Registered Agent | Zip 93/8 Country | Zip. 1=-3 - 3 - = Ci | ountry | المراجع | \$8.75 | Additional | | |
| Sirest Address (P.O. Box Number is Not Acceptable) City City Fig. 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 Summer, pool or private name of implanted agent and the 7 applicable. PLLE NOWILL Feb. S\$ \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE SINSH, LINDA 10203 NW 7 AVE. MAME STREET ADDRESS CITY-ST-2P Delate TITLE Delate STREET ADDRESS CITY-ST-2P Delate TITLE Delate TITLE Delate STREET ADDRESS STREE | | egistered Agent — | | . , | | | | |
| ## SUPPLY ADDRESS CITY-ST-ZP City FL Zip Code | na na ugu u a a a a a a a a a a a a a a a a | بالأدبي في المسابق المستخدمات في المستخدمات المسابقة المستخدمات المستخدمات المستخدمات المستخدمات المستخدمات ا المحدد في المستخدمات المستخدمات المستخدمات المستخدمات المستخدمات المستخدمات المستخدمات المستخدمات المستخدمات ا | - Name | The transfer of the second of | ب . ساء. هب | | | |
| 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, honor or prised name of registered agent and title if explicable. PATE Registered Agent signature required when rendancy) 9. This corporation is et gible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME SIRET ADDRESS 107:-51-2P TITLE NAME SIRET ADDRESS CITY-51-2P TITLE NAME SIRET ADDRESS CITY-51-2P TITLE NAME SIRET ADDRESS CITY-51-2P Delete TITLE NAME SIRET ADDRESS CITY-51-2P TITLE NAME SIRET ADDRESS SIRET ADDRESS CITY-51-2P TITLE NAME SIRET ADDRESS SIRET ADDRESS CITY-51-2P TITLE NAME SIRET ADDRESS SIRE | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| 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, hood or private reme of registered agent and the if applicable. PLE NOWIII FEE IS \$150,00 After May 1, 2002 Fee will be \$550,00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DINGH, LINDA STREET ADDRESS CITY-ST-ZIP TITLE MAKE STREET ADDRESS CITY-ST-ZIP TITLE MAKE STREET ADDRESS CITY-ST-ZIP TITLE AMAGE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE AMAGE STREET ADDRESS CITY-ST-ZIP TITLE AMAGE STREET ADDRESS CITY-ST-ZIP TITLE AMAGE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-Z | | | | | | | | |
| 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 private name of registered agent and total applicable. (NOTE Registered Agent algorithms required when renditional) 9. This corporation is etigible to satisfy its intangible Tax fiting 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MAKE SINGH, LINDA 10203 NW 7 AVE. MAANE FI, 33150 TITLE MAKE STREET ADDRESS CITY-ST-ZIP Charge Addition | | , , | City | | FL. Zip C | ode | | |
| 9. This corporation is etigible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT. TITLE OSINGH, LINDA STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE AMME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE AMME STREET ADDRESS STREET ADDRES | 8. The above named entity submits this statement for | the purpose of changing its regis | tered office or registere | d agent, or both, in the State of Florida. | <u> </u> | | | |
| 9. This corporation is etigible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT. TITLE OSINGH, LINDA STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE AMME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE AMME STREET ADDRESS STREET ADDRES | | | | | | | | |
| Tax filing requirement and elects to do so. (See criteria on back) After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State Trust Fund Contribution. Added to Fees Trust Fund Contribution. Added to Fees Trust Fund Contribution. Trust Fund Contribution. Added to Fees Trust Fund Contribution. Trust Fund Contribution. Added to Fees Trust Fund Contribution. Added to Fees Trust Fund Contribution. Trust Fund Contribution. Added to Fees Trust Fund Contribution. Trust Fund Contribution. Added to Fees Trust Fund Contribution. Trust Fund Contribution. Added to Fees Trust Fund Contribution. Added to Fees Trust Fund Contribution. Trust Fund Contribution. Added to Fees Trust Fund Contribution. Trust Fund Contribution. Added to Fees Trust Fund Contribution. Trust Fund Contribution. Added to Fees Trust Fund Contribution. Trust Fund Contribution. Added to Fees Trust Fund Contribution. Trust Fund Contribution. Added to Fees Trust Fund Contribution. Added to Fees Trust Fund Contribution. Trust Fund Contribution. Added to Fees Trust Fund Contribution. Trust Fund Contribution. Added to Fees Trust Fund Contribution. Trust Fund Contribution. Trust Fund Contribution. Added to Fees Trust Fund Contribution. Trust Fund Contribution. Trust Fund Contribution. Added to Fees Trust Fund Contribution. Trust Fund Contribution. Trust Fund Contribution. Added to Fees Trust Fund Contribution. Trust Fund Contribution. Trust Fund Contribution. Added to Fees Trust Fund Contribution. Trust Fund Contributi | Signature, typed or printed name of registered agent an | d title if applicable. (NOTE: Regim | Rened Agent pigneture required ed | Nen revielating) (|)A7E | — | | |
| 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME SINGH, LINDA SINGH, LINDA SIRET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE AMME STREET ADDRESS CITY-ST-ZIP TITLE AMME STREET ADDRESS | Tax filling requirement and elects to do so. After May 1, 2002 Fed | | ee will be \$550.00 | Trust Fund Contribution | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | II. OFFICERS AND C | <u> </u> | | | AND DIRECTO | RS IN 11 | | |
| TITLE Charge Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE AMME STREET ADDRESS CITY-ST-ZIP TITLE AMME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS | SINGH, LINDA STREET ADDRESS 10203 NW 7 AVE. | N S | VAME STREET ADDRESS | | Change | Addition (5) | | |
| NAME STREET ADDRESS STREET ADDRESS | TITLE AAME STREEF ADDRESS | Colete Ti | TITLE SAME STREET ADDRESS | | ☐ Charigi | Addition S | | |
| | JAME TREET ADDRESS | | WE . | | Change | Addition | | |
| TITLE ITTLE | AME Treet adoress | H. ST | NAME Theet address | | Change | Addition | | |
| TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP | AME Treet address | NA Str | ame Treet adoress | | ☐ Change | Addition : | | |
| | ame Treet address | Delgie Tri | TLE AME IREET ADDRESS | | ☐ 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 certify that I am an officer or director of the corporation or the receiver outrustee 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: BIGNATURE Date Device Plants Device Pl | of the corporation or the receiver or trustage empower | ve and accurate and that my sign: ered to execute this report as requ | YATUKA SIYAII INAVA IYYA SAIT | le lenal elifect as if made under cath: the | at I am an officer ars in Block 11 o | or director | | |

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

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

attachment 870677 #P01000112341