## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)**

P01000117508 **DOCUMENT #** 



FILED
Mar 12, 2003 8:00 am
Secretary of State

1. Entity Nam ACM FINA		ERVICES, INC.					03-12-2003	90104 030	***150	.00	
Principal Place of Business 7799 STYLES BLVD KISSIMMEE FL 34747  2. Principal Place of Business			Mailing Address 7799 STYLES BLVD KISSIMMEE FL 34747  3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State		City & State			4. FEI Numb	<sup>per</sup> 59-3760734		<del>                                   </del>	plied For t Applicable		
Zip Country		Zíp	Zíp Counti		5. Certificat	e of Status Desired		3.75 Add e Required			
	6. Name	and Address of Currer	nt Registered Agent			7. Name ал	d Address of New P	legistered Age	ent		
			`-·		Name	— ha .					l
ASSAL, RAJA 7799 STYLES BLVD					Street Addres		er is Not Acceptable	))			
	E FL 34747	,									
VIOOIMME	E FL 34/4/				City				Zip Code	A	
****								FL			
the obligat	named entit	y submits this statement ered agent.	for the purpose of changi	ing its register	ed office or regi	stered agent, or bo	oth, in the State of Flo	orida. I am fam	iliar with,	and accept	
SIGNATURE .		or printed name of registered age	nt and title if applicable.	(NOTE: Registere	d Agent signature req	uired when reinstating)		DATE		<u> </u>	
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND THE OUT PRINTERS.