## -2002 UNIFORM BUSINESS REPORT (UBR)

## May 28, 2002 8:00 am Secretary of State DOCUMENT # P01000118904 1., Entity Name ACES NEON SIGN CENTER INC. 05-28-2002 91616 028 \*\*\*150.00 Principal Place of Business Mailing Address 739 EAST 19TH STREET 739 EAST 19TH STREET HIALEAH FL 33013 HIALEAH FL 33013 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PEREZ, CARLOS A Street Address (P.O. Box Number is Not Acceptable) 739 EAST 19TH STREET HIALEAH FL 33013 City Zip Code FL 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 reinstating) 9. This corporation is eligible to satisfy its Intangible. FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State Added to Fees OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change ☐ Addition NAME PEREZ. CARLOS D NAME STREET ADDRESS 739 EAST 19TH STREET STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33013 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME PEREZ. GLADYS NAME STREET ADDRESS 739 EAST 19TH STREET STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33013 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 truttee 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.

CITY-ST-ZIP

SIGNATURE:

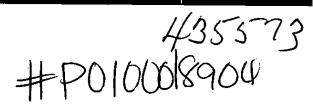
CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-07-02

FILED

Attachment



May 7<sup>th</sup>, 2002

Florida Department of State Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

**RE: 2002 UNIFORM BUSINESS REPORT** 

To Whom It May Concern:

Please be advised that I received this 2002 Uniform Business Report in the mail yesterday, May 6, 2002. It states that the \$150.00 fee was due on May 1<sup>st</sup>, 2002.

I called a telephone number you have listed in the paper work that I received (850) 488-9000 and spoke with Elizabeth. I explained to Elizabeth that I had just received this in the mail yesterday all wrinkled and in poor condition and she advised me to send in the \$150.00 and a letter explaining the situation.

Enclosed, please find a check in the amount of \$ 150.00.

If you have any questions, please call me at 305 610-6377.

Sincerely,

Gladys-Perez≂

Vice President Aces Neon Sign Center