

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90716 031 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P02000039698**

1. Entity Name

ACSE CORPORATION

11039609

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1841 GAYBERRY DR

3. Mailing Address

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PEMBROKE PINES FL

City & State

4. FEI Number
04-36473-27

Applied For
Not Applicable

Zip
33024

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
ALTUNA, PATRICIA

Street Address (P.O. Box Number is Not Acceptable)

1841 GAYBERRY DR

City
PEMBROKE PINES FL

Zip Code
33024

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 terminating)

DATE

4/29/03

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**January 1 - May 1 Fee is \$200.00
After May 1, Fee is \$250.00
Amended UBR is \$81.25
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
**P
ALTUNA, PATRICIA
1841 GAYBERRY DR
PEMBROKE PINES FL 33024**

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CITY, ST, ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03

954-4471792

Date

Daytime Phone #

CR200348 (12/01)