

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

02-12-2003 90065 044 ***150.00

DOCUMENT # P02000082581

1. Entity Name
ACN & PARTNERS, INC.



Principal Place of Business
4149 BONITA AVENUE
MIAMI FL 33133

Mailing Address
4149 BONITA AVENUE
MIAMI FL 33133

2. Principal Place of Business
1111 Brickell Ave.

3. Mailing Address
1111 Brickell Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11 Floor

11 Floor

City & State
Miami, FL 33133

City & State
Miami, FL 33133

4. FEI Number
55-0789452

Applied For
Not Applicable

Zip **Country**

Zip **Country**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DA COSTA NETO, ANTONIO F
4149 BONITA AVENUE
MIAMI FL 33133

Name

Street Address (P.O. Box Number is Not Acceptable)
1111 Brickell Avenue

11 Floor

City **Miami** **FL** **Zip Code** **33133**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ **Delete**
NAME **DA COSTA NETO, ANTONIO F**
STREET ADDRESS **4149 BONITA AVENUE**
CITY-ST-ZIP **MIAMI FL 33133**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
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CITY-ST-ZIP

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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: Antonio F. Da Costa Neto
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/03

Date

Daytime Phone #

CR2E034 (10/02)