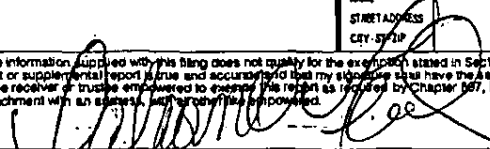


FILED
Jun 16, 2003 8:00 am
Secretary of State

05-19-2003 90213 004 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000101102			
1. Entity Name ACE TRAFFIC SCHOOL PROGRAMS, INC			
Principal Place of Business 17100 COLLINS AVE STE 215 SUNNY ISLES BEACH, FL 33160		Mailing Address 17100 COLLINS AVE STE 215 SUNNY ISLES BEACH, FL 33160	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FBI Number 14-1846945		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARCES, JORGE E JR 9180 W BAY HARBOR DR #3-C BAY HARBOR ISLAND, FL 33164		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and date of application. (NONE Registered Agent Signature required when submitting)			
FILING FEE \$150.00 ARJ MAY 15 2003 10:00 AM Please Check Payment of Order Department of State		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fee	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GARCES, JORGE E JR 9180 W BAY DR #3-C BAY HARBOR ISLAND, FL 33164 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MUNOZ, TATIANA 9180 W BAY DR #3-C BAY HARBOR ISLAND, FL 33164 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 687, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, last known to be provided.			
SIGNATURE: 		Date: 5/15/03	
Alpha Numeric and Symbolic Form for Name of Signing Officer or Director		Date: _____	

55048533

CR2034 (10/02)