

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

FILED
Jun 19, 2003 8:00 am
Secretary of State

06-19-2003 90045 044 ***163.75

DOCUMENT #

1. Entity Name

↓ ACULOISE, INC @
P02000108678



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12878 BISCAYNE BLVD

Suite, Apt. #, etc.

3. Mailing Address

1701 NE 138th Street

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami Florida

City & State
Miami Florida

4. FEI Number

01-0784221

Applied For

Not Applicable

Zip
33181

Country

Dade

Zip
33181

Country

Dade

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Antoinette G Colas

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

1701 NE 138th Street

City

Miami FL

FL

Zip Code

33181

**DO NOT WRITE
IN THIS SPACE**

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

Antoinette G Colas President

06-10-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Antoinette G Colas
President
1701 NE 138th Street
Miami FL 33181

TITLE
NAME
STREET ADDRESS
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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Antoinette G Colas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-10-03 (786) 512-2610

Date

Daytime Phone #

CR2E034B (12/02)