

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 15, 2001 8:00 am
Secretary of State

08-15-2001 90004 050 ***150.00

DOCUMENT # P93000087992

1. Entity Name

ACE SOLAR, INC.

Principal Place of Business

**5011 S.W. 170 AVE
 FT LAUDERDALE FL 33331
 US**

Mailing Address

**5011 S.W. 170 AVE
 FT LAUDERDALE FL 33331
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0479708

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FEINBERG, JEFFREY
 4651 SHERIDAN ST
 SUITE 300
 HOLLYWOOD FL 33021**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **PTSD**
 STREET ADDRESS **SPATAFORA, SALVATORE III**
 CITY-ST-ZIP **5011 SW 170 AVE
 FT LAUDERDALE FL 33331**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Salvatore Spatafora
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/7/01

(954) 920-1685

Date

Daytime Phone #

CR2E034 (5/01)

Attachment A0051251

Dr. # P9300008752

To whom it may concern,

I did not receive my form 2001 UBR,
must have been lost in mail.

I did call & tell one of the staff of your
place of business Mrs. Thompson, and she
sent out a form but it said I was late
and the charge ^(fee) was 550.00 and I was
a little upset so I called again and they told
me to explain why I did not send it in.

My accountant was the one who asked for it
and made me ~~more~~ aware of it.

I pay every year on time and would have
this year also, but I don't know what happened
to the copy that was supposed to be sent to me.

Please exempt my payment for 150.00

I am having a hard time the last couple
of weeks and need surgery on my wrist
and don't have very much money to pay my
bills.

Thank you very much SAL SPATAFORATH

ACE SOLAR INC.

(951) 920-1685