

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000013565

1. Entity Name

ACE COMMUNICATIONS SYSTEMS, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90315 030 ***150.00

Principal Place of Business

Mailing Address

980 W PROSPECT RD
 FT LAUDERDALE FL 33309
 US

1221 NW 46 CT
 FT LAUDERDALE FL 33309-3741
 US

2. Principal Place of Business

1221 NW 46 CT

3. Mailing Address

1221 NW 46 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT Lauderdale Fla

City & State

FT Lauderdale Fla

Zip

Country

33309 US

Zip

Country

33309 US

4. FEI Number

65-0556908

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

APONTE, LUIS
 1221 N.W. 46TH CT.
 FT. LAUDERDALE FL 33309

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

Luis Aponte

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

Luis Aponte

(NOTE: Registered Agent signature required when reinstating)

4-14-00

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 V
 STREET ADDRESS APONTE, TINA MARIE
 CITY-ST-ZIP 1221 NW 46TH COURT
 FT LAUDERDALE FL

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

TITLE ☐ Delete
 NAME P
 STREET ADDRESS APONTE, LUIS
 CITY-ST-ZIP 1221 NW 46 CT
 FT LAUDERDALE FL

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

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

Luis Aponte
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-14-00

954-776-7444

CR2E034 (9/99)