

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P95000066166

FILED  
Apr 13, 2002 8:00 AM  
Secretary of State

Entity Name: ACE FORMAL WEAR INC. OF SOUTH FLORIDA

**Current Principal Place of Business:**

2031 N. UNIVERSITY DRIVE  
SUNRISE, FL 33322

**New Principal Place of Business:**

**Current Mailing Address:**

2031 N. UNIVERSITY DRIVE  
SUNRISE, FL 33322

**New Mailing Address:**

FEI Number: 65-0675811      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ESPOSITO, WILLIAM A  
1155 NW 114 AVENUE  
CORAL SPRINGS, FL 33071      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ESPOSITO, WILLIAM A  
Address: 1155 NW 114 AVENUE  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: VD ( ) Delete  
Name: ESPOSITO, ANTHONY O JR.  
Address: 4410 NW 6TH CT  
City-St-Zip: COCONUT CREEK, FL 33066

Title: T ( ) Delete  
Name: ESPOSITO, LINDA J  
Address: 1155 NW 114 AVENUE  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: S ( ) Delete  
Name: ESPOSITO, ANTHONY W  
Address: 1155 NW 114 AVE  
City-St-Zip: CORAL SPRINGS, FL 33071

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA J. ESPOSITO

T

04/13/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date