

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000073843

1. Entity Name  
ACE BUSINESS SERVICES, INC.

**FILED**  
**Feb 27, 2001 8:00 am**  
**Secretary of State**

02-27-2001 90350 004 \*\*\*150.00

Principal Place of Business

Mailing Address

320 SW 13 TH ST  
STE 631  
FORT LAUDERDALE FL 33315  
US

320 SW 13TH ST  
FORT LAUDERDALE FL 33315  
US

2. Principal Place of Business

3. Mailing Address

320 SW 13th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Fort Lauderdale

Zip

Country

FL

US

Zip

Country

4. FEI Number 65-0610697

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

MOLINA, EDGAR R  
320 SOUTH WEST 13TH STREET  
FT. LAUDERDALE FL 33315

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 \$150.00**  
**After MAY 1, 2001 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	P	<input type="checkbox"/> Delete
NAME	MOLINA, EDGAR	
STREET ADDRESS	320 SOUTH WEST 13TH STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL 33315	
TITLE	T	<input type="checkbox"/> Delete
NAME	MOLINA, CECIBEL	
STREET ADDRESS	320 SOUTH WEST 13TH STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL 33315	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Cecibel Molina Cecibel Molina 2/19/01 (954) 467-0216  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)