

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 25, 2002 8:00 am**  
**Secretary of State**  
 02-25-2002 90072 016 \*\*\*150.00

**DOCUMENT # P95000073843**

1. Entity Name  
**ACE BUSINESS SERVICES, INC.**

Principal Place of Business  
**320 SW 13 TH ST  
 FORT LAUDERDALE FL 33315  
 US**

Mailing Address  
**320 SW 13TH ST  
 FORT LAUDERDALE FL 33315  
 US**



2. Principal Place of Business  
**14203 NW 18th Pl.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**14203 NW 18th Place**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Pembroke Pines FL**  
 Zip  
**33028**  
 Country  
**Broward**

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

7. Name and Address of New Registered Agent  
 Name  
**Molina, Edgar R**  
 Street Address (P.O. Box Number is Not Acceptable)  
**14203 NW 18th Place**  
 City  
**Pembroke Pines** FL Zip Code  
**33028**

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. ☐ **FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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                      | <b>P</b>                          | <input type="checkbox"/> Delete |  | TITLE                                                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME                       | <b>MOLINA, EDGAR</b>              |                                 |  | NAME                                                  |                                                                              |  |  |
| STREET ADDRESS             | <b>320 SOUTH WEST 13TH STREET</b> |                                 |  | STREET ADDRESS                                        | <b>14203 NW 18th Pl</b>                                                      |  |  |
| CITY-ST-ZIP                | <b>FT. LAUDERDALE FL 33315</b>    |                                 |  | CITY-ST-ZIP                                           | <b>Pembroke Pines FL 33028</b>                                               |  |  |
| TITLE                      | <b>T</b>                          | <input type="checkbox"/> Delete |  | TITLE                                                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME                       | <b>MOLINA, CECIBEL</b>            |                                 |  | NAME                                                  |                                                                              |  |  |
| STREET ADDRESS             | <b>320 SOUTH WEST 13TH STREET</b> |                                 |  | STREET ADDRESS                                        | <b>14203 NW 18th Pl</b>                                                      |  |  |
| CITY-ST-ZIP                | <b>FT. LAUDERDALE FL 33315</b>    |                                 |  | CITY-ST-ZIP                                           | <b>Pembroke Pines FL 33028</b>                                               |  |  |
| TITLE                      |                                   | <input type="checkbox"/> Delete |  | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |
| NAME                       |                                   |                                 |  | NAME                                                  |                                                                              |  |  |
| STREET ADDRESS             |                                   |                                 |  | STREET ADDRESS                                        |                                                                              |  |  |
| CITY-ST-ZIP                |                                   |                                 |  | CITY-ST-ZIP                                           |                                                                              |  |  |
| TITLE                      |                                   | <input type="checkbox"/> Delete |  | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |
| NAME                       |                                   |                                 |  | NAME                                                  |                                                                              |  |  |
| STREET ADDRESS             |                                   |                                 |  | STREET ADDRESS                                        |                                                                              |  |  |
| CITY-ST-ZIP                |                                   |                                 |  | CITY-ST-ZIP                                           |                                                                              |  |  |
| TITLE                      |                                   | <input type="checkbox"/> Delete |  | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |
| NAME                       |                                   |                                 |  | NAME                                                  |                                                                              |  |  |
| STREET ADDRESS             |                                   |                                 |  | STREET ADDRESS                                        |                                                                              |  |  |
| CITY-ST-ZIP                |                                   |                                 |  | CITY-ST-ZIP                                           |                                                                              |  |  |
| TITLE                      |                                   | <input type="checkbox"/> Delete |  | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |
| NAME                       |                                   |                                 |  | NAME                                                  |                                                                              |  |  |
| STREET ADDRESS             |                                   |                                 |  | STREET ADDRESS                                        |                                                                              |  |  |
| CITY-ST-ZIP                |                                   |                                 |  | 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** **2/14/02** **305 246 6254**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #