

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90102 003 ***150.00

DOCUMENT # P95000090613

1. Entity Name

ACE PAPER CORP.



Principal Place of Business

15312 S W 52ND TERRACE
MIAMI FL 33185
US

Mailing Address

15312 S W 52ND TERRACE
MIAMI FL 33185
US

40009598



2. Principal Place of Business

3. Mailing Address

8270 S.W 173rd TERR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
MIAMI, FL

4. FEI Number

65-0626849

Applied For

Not Applicable

Zip

Country

Zip

Country

33157

USA

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

MARESMA, FRANK

15312 S W 52ND TERRACE

MIAMI FL 33185

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

FRANK A. MARESMA

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

(NOTE: Registered Agent signature required when reinstating)

01/13/03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME MARESMA, FRANK
STREET ADDRESS 15312 S W 52ND TERRACE
CITY-ST-ZIP MIAMI FL 33185

☐ Delete

TITLE
NAME
STREET ADDRESS 8270 S.W 173 TERR
CITY-ST-ZIP MIAMI, FL 33157

☒ Change

☐ Addition

TITLE
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☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK A. MARESMA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/13/03

Date

305 970-3502

Daytime Phone #