

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90007 004 ***150.00

549548



DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000029555

1. Entity Name

ACE UNITED PRODUCTIONS, INC.

Principal Place of Business

8249 NW 36 ST
 115
 MIAMI FL 33166
 US

Mailing Address

5921 BENT PINE DR
 #504
 ORLANDO FL 32822
 US

2. Principal Place of Business

5921 BENT PINE DRIVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apt # 504

City & State

Orlando, FL

Zip

Country

32822

U.S.A.

City & State

Orlando, FL

Zip

32822

Country

U.S.A.

City & State

Orlando, FL

Zip

32822

Country

U.S.A.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROMERO, CESAR
5921 BENT PINE DR
#504
MIAMI FL 33166

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 **D** ☐ Delete
 NAME **ROMERO, CESAR**
 STREET ADDRESS **8249 NW 36 ST #115**
 CITY-ST-ZIP **MIAMI FL 33166**

TITLE **DIRECTOR** ☒ Change ☐ Addition
 NAME **ROMERO, CESAR**
 STREET ADDRESS **5921 BENT PINE DR, #504**
 CITY-ST-ZIP **ORLANDO, FL 32822**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

Cesar Romero
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/01
 Date

(407) 857-6382
 Daytime Phone #

CR2E034 (10/00)