

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90941 001 ***150.00
03-24-2003 90941 002 *****8.75

DOCUMENT # P96000034320

1. Entity Name
ACA FILMS, INC.



Principal Place of Business
**260 CRANDON BLVD
SUITE 32-451
KEY BISCAYNE FL 33149
US**

Mailing Address
**520 BRICKELL KEY DR
SUITE 0-305
MIAMI FL 33131
US**

2. Principal Place of Business,
2031 S. MIAMI Avenue

3. Mailing Address
Suite, Apt. #, etc.

City & State
MIAMI FLORIDA

City & State

4. FEI Number
65-0666398

Applied For
Not Applicable

Zip
33129

Country
USA

Zip

Country

5. Certificate of Status Desired

☒ **\$8.75** Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**IRANAGLOBAL CORPORATE ADMINISTRATION
520 BRICKELL KEY DR
SUITE 0-305
MIAMI FL 33131**

Name
Dinorah Vinck

Street Address (P.O. Box Number is Not Acceptable)
10710 SW 136 Ct.

City **Miami** FL Zip Code **33186**

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 **Dinorah Vinck**

DATE **3/12/2003**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
BRAVO, ELDA C
260 CRANDON BLVD., STE 32-451
KEY BISCAYNE FL 33149**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
VIELMA, ELDA C
260 CRANDON BLVD., STE 32-451
KEY BISCAYNE FL 33149**

TITLE
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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 **Elida Bravo**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **March 1, 2003**

Daytime Phone #

CR2E034 (10/02)