

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000090162

1. Entity Name

ASSOCIATED COMPOSITE, INC.

Principal Place of Business

8555 NW 64 STREET  
MIAMI FL 33316  
US

Mailing Address

7975 NW 64TH ST  
MIAMI FL 33166-2772  
US

2. Principal Place of Business

7875 NW 64th Street

Suite, Apt. #, etc.

3. Mailing Address

7875 NW 64th ST.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33166

Country

USA

Zip

33166

Country

USA

4. FEI Number

65-0705168

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MEDELSON, VICTOR  
3000 TAFT STREET  
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

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, 2000 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

TITLE P  
NAME PORTELLA, RAMON  
STREET ADDRESS 8555 NW 64 STREET  
CITY-ST-ZIP MIAMI FL 33316 ☐ Delete

TITLE V  
NAME MEDELSON, VICTOR H  
STREET ADDRESS 3000 TAFT STREET  
CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ Delete

TITLE TD  
NAME IRWIN, THOMAS S  
STREET ADDRESS 3000 TAFT STREET  
CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ Delete

TITLE S  
NAME LETENDRE, ELIZABETH R  
STREET ADDRESS 3000 TAFT STREET  
CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ Delete

TITLE AS  
NAME VETTER, JUDITH  
STREET ADDRESS 3000 TAFT STREET  
CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME PORTELLA, RAMON  
STREET ADDRESS 7875 NW 64TH STREET  
CITY-ST-ZIP MIAMI, FL 33166 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS 400003203984--D  
CITY-ST-ZIP -04/11/00--01101--001  
\*\*\*4050.00 \*\*\*150.00 ☐ Change ☐ Addition

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

00 APR -3 AM 10:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)