

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000018805

1. Entity Name

ACE BEEPERS GROUP INC.

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90014 030 ***150.00

Principal Place of Business

Mailing Address

9270 SW 40 ST
MIAMI FL 33165
US

9270 SW 40 ST
MIAMI FL 33018-7331
US

2. Principal Place of Business

3. Mailing Address

8993 N.W. 145 Street
Suite, Apt. #, etc.

8993 N.W. 145 Street
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

Zip
33018

Country

US

City & State

Miami, FL

Zip
33018

Country

US

4. FEI Number

65-0731570

Applied For

Not Applicable

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

GORORDO, ALBERTO A
8993 NW 145 ST.
MIAMI FL 33018

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	GORORDO, ALBERTO A	
STREET ADDRESS	8993 NW 145 ST.	
CITY-ST-ZIP	MIAMI FL 33018	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alberto A Gorrordo

X 1-28-00 X305-552-0776

Date

Daytime Phone #

CR2E034 (9/99)