

2001 UNIFORM BUSINESS REPORT (UBR)

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

07-16-2001 90001 024 ***150.00

0063975 AV

DOCUMENT # P97000026752

1. Entity Name

ACE ELEVATOR CABS, INC.

LA

Principal Place of Business

**3529 NW 19TH ST
 LAUDERDALE LAKES FL 33312
 US**

Mailing Address

**3529 NW 19TH ST
 LAUDERDALE LAKES FL 33312
 US**

A0077377



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0774011

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CUNDIFF, WILLIAM A
 3529 NW 19 STREET
 LAUDERDALE LAKES FL 33312**

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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 ☐ Delete
 NAME **PTD**
 STREET ADDRESS **CUNDIFF, WILLIAM A**
 CITY-ST-ZIP **3529 NW 19 STREET
 LAUDERDALE LAKES FL 33312**

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

TITLE ☐ Delete
 NAME **VSD**
 STREET ADDRESS **CUNDIFF, PAULA**
 CITY-ST-ZIP **3529 NW 19 STREET
 LAUDERDALE LAKES FL 33312**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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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, for 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 #

7/2/01 (954) 777-0086

CR2E034 (5/01)

Attachment
#P97000026752

A0007377

ACE ELEVATOR CABS, INC.

July 2, 2001

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

REF: Document #P97000026752

Dear Sir or Madam:

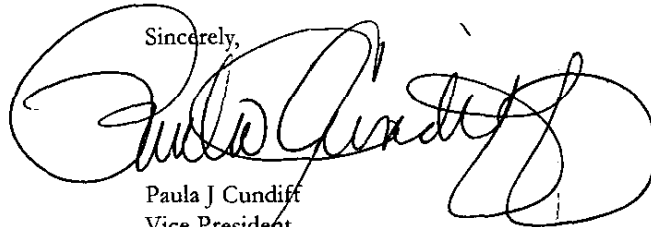
I am in receipt of your notification today of dissolution of corporation due to the non-filing of our Uniform Business Report.

Enclosed please find attached a copy of filing done on January 19, 2001 of this report. According to bank records that I have checked into, this check #2487 in the amount of \$150.00 has not posted. Please check your records further to make sure double payment is not being made. I have enclosed check #2858 as a replacement for the above noted check.

If further information is needed, please contact me at (954) 777-0086.

Thanking you in advance.

Sincerely,



Paula J Cundiff
Vice President

PJC/lc

Enc: 2001 Uniform Business Report filed on January 19, 2001

Replacement check #2858/\$150.00