

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000049815

Entity Name
ACROPOLIS INTERNATIONAL, CORP.

FILED
Mar 01, 2000 8:00 am
Secretary of State
03-01-2000 90049 002 ***150.00

Principal Place of Business Mailing Address
SW 97 AVE 7500 SW 97 AVE 5177 NW 74 AVE
FL 33173 MIAMI FL 33173 MIAMI, FL 33166
US- US-

619049



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5177 NW 74 AVE Suite, Apt. #, etc. MIAMI, FL City & State 33166 Zip		3. Mailing Address 5177 NW 74 AVE Suite, Apt. #, etc. MIAMI, FL City & State 33166 Zip		4. FEI Number 65-0758512 Applied For Not Applicable	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DECAMPS, SOL I 7500 SW 97 AVE MIAMI FL 33173		7. Name and Address of New Registered Agent Name SOL DECAMPS Street Address (P.O. Box Number is Not Acceptable) 9460 NW 54 DORAL TERR City MIAMI FL Zip Code 33178	
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8. The above named entity submits this statement for the purpose of changing its registered office, registered agent, or both, in the State of Florida.

SIGNATURE SOL DECAMPS, PRESIDENT 2/22/00
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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11'	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DECAMPS, SOL I 7500 SW 97 AVE MIAMI FL 33173 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9460 NW 54 DORAL TERR MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALBA, ROBERTO A 7500 SW 97 AVE MIAMI FL 33173 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9460 NW 54 DORAL TERR MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 address with all other like empowered.

SIGNATURE: SOL DECAMPS, PRES 2/22/00 305-436-5555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)