

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90970 039 ***150.00

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DOCUMENT # P97000049815

1. Entity Name
ACROPOLIS INTERNATIONAL, CORP.



Principal Place of Business
**5177 NW 74 AVE
MIAMI FL 33166
US**

Mailing Address
**5177 NW 74 AVE
MIAMI FL 33166
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0758512**

Applied For

Not Applicable

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

**DECAMPS, SOL I
9460 NW 54 DORAL TERR
MIAMI FL 33178**

Name

DECAMPS, SOL I

Street Address (P.O. Box Number is Not Acceptable)

4001 BENEVA RD # 123

City

SARASOTA

FL

Zip Code

34233

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

SOL DE CAMPS
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

PRESIDENT 4/28/03

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 **P** ☐ Delete
NAME **DECAMPS, SOL I**
STREET ADDRESS **4656 NW PL**
CITY-ST-ZIP **MIAMI FL 33178**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **SOL DE CAMPS**
STREET ADDRESS **4001 BENEVA RD # 123**
CITY-ST-ZIP **SARASOTA, FL 34233**

TITLE **VP** ☒ Delete
NAME **ALBA, ROBERTO A**
STREET ADDRESS **4656 NW 97 PL**
CITY-ST-ZIP **MIAMI FL 33178**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VICE-PRESIDENT** ☐ Change ☒ Addition
NAME **DALI' DE CAMPS**
STREET ADDRESS **4001 BENEVA RD # 123**
CITY-ST-ZIP **SARASOTA, FL 34233**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Delete
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CITY-ST-ZIP

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

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:

SOL DE CAMPS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)