

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000065233

1. Entity Name

ACE INTERNATIONAL TENNIS, INC.

FILED

May 04, 2000 8:00 am
Secretary of State

05-04-2000 90024 003 ***150.00

Principal Place of Business

Mailing Address

9245 SW 157TH ST
MIAMI FL 33157
US

2665 S. BAYSHORE DRIVE. STE 703
MIAMI FL 33133-5401

2. Principal Place of Business

3. Mailing Address

9245 SW 157 Street

9245 SW 157 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 202

Suite 202

City & State

City & State

Miami, Florida

Miami, Florida

Zip

Zip

33157

33157

Country

Country

USA

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0775300

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

WELCH, JONATHAN R
9245 SW 157 ST
202
MIAMI FL 33157

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 DP ☐ Delete
NAME MOORE, JOSEPH W
STREET ADDRESS 9245 SW 157 ST
CITY-ST-ZIP MIAMI FL 33157

TITLE ☒ Change ☐ Addition
NAME ☒ Change ☐ Addition
STREET ADDRESS 9245 SW 157 Street, Suite 202
CITY-ST-ZIP Miami, Florida 33157

TITLE DS ☐ Delete
NAME WELCH, JONATHAN R
STREET ADDRESS 9245 SW 157 ST
CITY-ST-ZIP MIAMI FL 33157

TITLE ☒ Change ☐ Addition
NAME ☒ Change ☐ Addition
STREET ADDRESS 9245 SW 157 Street, Suite 202
CITY-ST-ZIP Miami, Florida 33157

TITLE AS ☒ Delete
NAME RICHARDS, TIMOTHY D ESQ
STREET ADDRESS 2665 S. BAYSHORE DRIVE, STE 703
CITY-ST-ZIP MIAMI FL 33133-5401

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

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

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

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

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

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JONATHAN R WELCH

4/21/00

Date

305-252-1600

Daytime Phone #

CR2E034 (9/99)