## 2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT #

## P97000065233

1. Entity Name

ACE INTERNATIONAL TENNIS, INC.

## **FILED** May 29, 2002 8:00 am Secretary of State

05-29-2002 90676 038 \*\*\*150.00

					J				
Principal Pla	ace of Business	Mailing Address							
9245 SW 15	7TH ST	2665 S. BAYSHORE DRIVE, STE 703					<b>.</b> .		
MIAMI FL 33	n57	MIAMI FL 33133-5401							-
US					<u> </u>	 	MILL BOILE DI		<b>.</b> 111 <b>10</b> (1111 1001 -
				İ					
2. Principal 7505 S	Place of Business S.W. 142nd Street	3. Mailing Address 7505 S.W. 142nd-Street				1 1801/201 110 1811 1881 Will Edit 51		I	•
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
<u>.</u>	, Florida	City & State Miami, Florida			4. FEI (	FEI Number <b>65-0775300</b>			pplied For lot Applicable
Zip 331:58-	8 - USA - 33158 U			5. Certificate of Status Desired See Required Fee Required					
	6. Name and Address of Current F	Registered Agent				e and Address of New Regi	stered A	gent	
			Na Jo	onathan	R. We	elch			
WELCH, JONATHAN R				Street Address (P.O. Box Number is Not Acceptable) 7505 S.W. 142nd Street					
9245 SW	157 ST		7	505 S.W.	. 142r	nd Street			
202								_	• • •
MIAMIFL	. 33157		City M	City <b>Miami</b>			FL	Zip Sag	f58
8. The above	e named emity submits this statement for	the purpose of changing its i	registered offi	ce or registere	ed agent,	or both, in the State of Florida	ì.	•	-
Ę.	KANTHAI AM	/	^						
SIGNATURE		M JONATHAN	R Wen	(H		4/29/	02		
/	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE:	: Registered Agent	signature required v	when reinstat	ing)	DATE	-	
9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE				150.00	4	Flaction Compaign Street	ina	A= 4	\ <u>\</u>
	equirement and elects to do so.	After May 1, 2002 Fee will be \$550.00  Make Check Payable to Department of Stat		1	<ol><li>Election Campaign Financ Trust Fund Contribution.</li></ol>	ing 🗆		<b>)0</b> May Be	
<u> </u>	eria on back)		e to Departi	ment of State	e		J	Adde	-101000
11.	OFFICERS AND D		12.	-	ADDITI	ONS/CHANGES TO OFFICER	RS AND D	DIRECTOR	S IN 11
TITLE	DP INSERT W	Delete	TITLE	₽P		•	Ķ	Change	Addition.
NAME STREET ADDRESS	MOORE, JOSEPH W 9245 SW 157 ST STE 202		NAME STREET ADDR	Moore	Jos	seph W.			,
CITY-ST-ZIP	MIAMI FL 33157		CITY-ST-ZIP			142nd Street orida 33158			
TITLE	DS	Delete	TITLE	1	., гтс	TTUE 22120	r	₹ /\b	
NAME	WELCH, JONATHAN R	∟ Detete	NAME	DS Welch	ı. Jon	athan R.	Ĺ	X Change	☐ Addition
STREET ADDRESS	9245 SW 157 ST STE 202		STREET ADDR			142nd Street			• • •
CITY-ST-ZIP	MIAMI FL 33157		CITY-ST-ZIP			rida 33158			
TITLE		☐ Delete	TITLE			<u> </u>		Change	Addition
NAME	i		NAME				-	•	•
STREET ADDRESS	1		STREET ADDR	ESS					
CITY-ST-ZIP	**		CITY-ST-ZIP	_   '					P
TITLE		Delete	TITLE					☐ Change	Addition -
NAME STREET ADDRESS			NAME STREET ADDR	Ecc					
CITY-ST-ZIP			STREET ADDR	E00					
TITLE		□ Delete				····		7 06	
NAME		□ □ □elété	TITLE NAME	İ			L	Change	☐ Addition
STREET ADDRESS			STREET ADDR	ESS					
CITY-ST-ZIP			CITY-ST-ZIP					•	.`
TITLE		☐ Delete	TITLE					Change	Addition .
NAME			NAME				_	_ onange	
STREET ADDRESS			STREET ADDR	ESS					
CITY-ST-ZIP			CITY-ST-ZIP						•

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 a paddress, with all other like empowered.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUITIONATHAN Welch 4/29/02 (305) 252-1600

Date

Daytime Phone #