2003 FOR PROFIT CORPORATION

UNIFORM-BUSINESS REPORT (UBR) P97000065233 **DOCUMENT #**

May 05, 2003 8:00 am Secretary of State

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05-05-2003 92194 033 ***150.00 1. Entity Name ACE INTERNATIONAL TENNIS, INC. IRON BOOTLE INTERNATIONAL, INC. Principal Place of Business Mailing Address 7505 SW-142-ST. 7505 \$W 142 ST. MIAMI FL 33158 MIAMI FL 33158 2. Principal Place of Business 3. Mailing Address 5891 SUNSET NRIVE Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0775300 SOUTH Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WELCH, JONATHAN R Street Address (P.O. Box Number is Not Acceptable) 7505 SW 142 ST. MIAMI FL 33158 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Change Addition | MOORE, JOSEPH W NAME NAME 7505 SW 142 ST. STREET ADDRESS STREET ADDRESS **MIAMI FL 33158** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change M Addition NAME WELCH, JONATHAN R NAME 7505 SW 142 ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33158 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 receives 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

SIGNATURE: