

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000103953

1. Entity Name

ACRON TECHNOLOGY CORPORATION

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90038 036 ***500.00

Principal Place of Business

Mailing Address

7620 NW 25 ST., UNIT #7
MIAMI FL 33122

7620 NW 25 ST., UNIT #7
MIAMI FL 33122-1719

2. Principal Place of Business

3. Mailing Address

7620 NW 25 Str.

7620 NW 25 Str.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit #8

Unit #8

City & State

City & State

Miami, Florida

Miami, Florida

Zip

Country

Zip

Country

33122

USA

33122

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROTH, LEONARDO A
9350 SOUTH DIXIE HWY, PH 2
MIAMI FL 33156

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 ☐ Delete
NAME **SECRETARY**
STREET ADDRESS **SPERMAN, GUSTAVO**
CITY-ST-ZIP **7620 NW 25 ST., UNIT #7**
MIAMI FL 33122

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

TITLE ☐ Delete
NAME **President**
STREET ADDRESS **Fabian Dino Sperman**
CITY-ST-ZIP **7620 NW 25 St. Unit #7**
Miami, FL 33122

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

TITLE ☐ Delete
NAME **Vice President**
STREET ADDRESS **Alejandro Perez Duich**
CITY-ST-ZIP **7620 NW 25 St. Unit #7**
Miami, FL 33122

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 all other like empowered.

SIGNATURE:

GUSTAVO SPERMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/26/00

Date

(305) 702-7100

Daytime Phone #

CR2E034 (9/99)