

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000103953

1. Entity Name

ACRON TECHNOLOGY CORPORATION

Principal Place of Business

7620 NW 25 STR.
UNIT 8
MIAMI FL 33122

Mailing Address

7620 NW 25 STR.
UNIT 8
MIAMI FL 33122

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 65-0801307

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

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, 2001 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 DS
NAME SPERMAN, GUSTAVO J
STREET ADDRESS 7620 NW 25TH STREET, UNIT #7
CITY-ST-ZIP MIAMI FL 33122 ☐ Delete

TITLE DS
NAME SPERMAN, GUSTAVO J.
STREET ADDRESS 7620 NW 25th STREET, UNIT #8
CITY-ST-ZIP MIAMI, FL 33122 ☒ Change ☐ Addition

TITLE DPVT
NAME SPERMAN, FABIAN D
STREET ADDRESS 7620 NW 25ST UNIT 7
CITY-ST-ZIP MIAMI FL 33122 ☐ Delete

TITLE DPVT
NAME SPERMAN, FABIAN D.
STREET ADDRESS 7620 NW 25th STREET, UNIT #8
CITY-ST-ZIP MIAMI, FL 33122 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/30/01 (305) 704-7000

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90279 011 ***150.00

00030390



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)