

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000008542

1. Entity Name

ACYL CORPORATION

Principal Place of Business

10495 NW 27TH AVENUE  
MIAMI FL 33147

Mailing Address

10495 NW 27TH AVENUE  
MIAMI FL 33147-1275

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

65-0809440

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

CAPOTE, JACINTO R  
10495 NW 27TH AVENUE  
MIAMI FL 33147

Name CELSO DIAS PINHO

Street Address (P.O. Box Number is Not Acceptable)  
10495 NW 27th AVE

City MIAMI

FL

Zip Code 33147

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

*Celso Dias Pinho*

CELSDIAS PINHO  
PRESIDENT

04/20/00

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 TD  
NAME CAPOTE, JACINTO R  
STREET ADDRESS 10495 NW-27TH AVENUE  
CITY-ST-ZIP MIAMI FL 33147 ☒ Delete

TITLE DP  
NAME CELSO DIAS PINHO  
STREET ADDRESS 10495 NW 27th AVE  
CITY-ST-ZIP MIAMI, FL 33147 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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TITLE  
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TITLE  
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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:

*Celso Dias Pinho*

CELSDIAS PINHO  
MIAMI PRESIDENT

04/20/00

Date

(305) 835-6414

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



DO NOT WRITE IN THIS SPACE

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90085 001 \*\*\*150.00