

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90108 010 ***150.00

DOCUMENT # P98000022970

1. Entity Name

AC HOME/OFFICE SERVICES CORP.

Principal Place of Business

**646 NW 114 AVE
 204
 MIAMI FL 33172**

Mailing Address

**646 NW 114 AVE
 204
 MIAMI FL 33172**

00051941



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14469 SW 50th Lane

3. Mailing Address

14469 SW 50th Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Fl.

City & State

Miami, Fl.

4. FEI Number

65-0819002

Applied For

Not Applicable

Zip

33175

Country

U.S.A.

Zip

33175

Country

U.S.A.

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

**SARMIENTO, MARIA C
 646 NW 114 AVE
 APT #204
 MIAMI FL 33172**

Name

Carmen Sarmiento

Street Address (P.O. Box Number is Not Acceptable)

14469 SW 50 Lane

City

Miami

FL

Zip Code

33175

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]

Carmen Sarmiento

4/27/01

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. ☐

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 **VPD** ☒ Delete
 NAME **SARMIENTO, MARIA C**
 STREET ADDRESS **646 NW 114 AVE #204**
 CITY-ST-ZIP **MIAMI FL 33172**

TITLE ☐ Change ☐ Addition
 NAME **P Carmen Sarmiento**
 STREET ADDRESS **14469 SW 50 Lane**
 CITY-ST-ZIP **Miami, Fl. 33175**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 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:

[Signature]

Carmen Sarmiento

Date

4/27/01

Daytime Phone #

(305) 229-8256

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)