

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000048634

1. Entity Name
ACE TECH, INC.

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90044 038 ***158.75

Principal Place of Business Mailing Address
5530 HODA ROAD 1416 LAFAYETTE ST. P.O. BOX 99 P.O. BOX 101732
KILN MS 39556 SUITE 2 KILN MS 39556-0030 CAPE CORAL, FL. 33910
CAPE CORAL, FL. 33904



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1416 LAFAYETTE ST.
Suite, Apt. #, etc. SUITE 2
City & State CAPE CORAL, FL.
Zip 33904 Country U.S.A.
3. Mailing Address P.O. Box 101732
Suite, Apt. #, etc.
City & State CAPE CORAL, FL.
Zip 33910 Country

4. FEI Number 64-0888449 Applied For Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MONTALVAN, RICKY
14472 SW 115 TERRACE
MIAMI FL 33186
7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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	P	<input type="checkbox"/> Delete		TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARTELLO, ENRIQUEJA			NAME	MARTELLO ENRIQUETA		
STREET ADDRESS	5530 HODA RD			STREET ADDRESS	3024 S.W. 26TH CT.		
CITY-ST-ZIP	KILN MS 39556			CITY-ST-ZIP	CAPE CORAL, FL. 33914		
TITLE	V	<input type="checkbox"/> Delete		TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARTELLO, HUBERT			NAME	MARTELLO, HUBERT		
STREET ADDRESS	5530 HODA RD			STREET ADDRESS	3024 S.W. 26TH CT.		
CITY-ST-ZIP	KILN MS 39556			CITY-ST-ZIP	CAPE CORAL, FL. 33914		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: Enriqueta Martello ENRIQUETA MARTELLO 2/11/00 (941) 945-0705
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)