

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Page 1 of 2

DOCUMENT # P98000060947

1. Entity Name  
ACE TEAM GROUP, CORP.



Principal Place of Business  
3325 NW 53TH ST  
MIAMI FL 33142

Mailing Address  
3325 NW 53TH ST  
MIAMI FL 33142

FILED

03 SEP -9 AM 11:04

SECRETARY OF STATE



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0851219

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PEREZ, JOSUE  
3325 NW 53TH ST  
MIAMI FL 33142

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Delete  
NAME PEREZ, JOSUE  
STREET ADDRESS 3325 NW 53TH ST  
CITY-ST-ZIP MIAMI FL 33142

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS 900023306469  
CITY-ST-ZIP 09/24/03--01065--010 \*\*150.00

☐ Delete  
TITLE  
NAME PEREZ, VICKY L  
STREET ADDRESS 3325 NW 53TH ST  
CITY-ST-ZIP MIAMI FL 33142

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

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CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

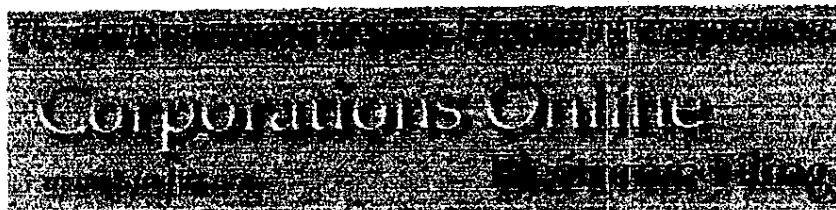
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

TS

4-30-03 305-637-1659

*Page 2 of 2***Online Payment System**

<b>PAYMENT RECEIPT</b>	
<b>Transaction Amount:</b>	\$150.00
<b>Email Address:</b>	ambulldogjaws@netscape.net
<b>Date/Time Paid:</b>	04/30/2003 15:06:44
<b>Payment ID Number:</b>	1177303
<b>Reference Number:</b>	400017623074
<p>Thank you for using the <b>LINK2GOV</b> Online Payment System. <b>Print this receipt for your records.</b></p> <p><b>You MUST select continue in order to receive your CONFIRMATION from the State.</b></p>	

**Continue**

To whom it may concern:

This is my receipt that I paid this Uniform Business Report for 2003. I haven't heard from you why you sent me another form to fill out and pay \$550.<sup>00</sup>, when I already paid on 4/30/03. Enclosed is a ck for the amount that I paid \$150.<sup>00</sup> by the internet. Call me if you should have any

Sincerely, J. J. R.