2001 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P98000061775 Feb 15, 2001 8:00 am 1. Entity Name Secretary of State ACLF.COM CORP. 02-15-2001 90028 003 ***150.00 Principal Place of Business Mailing Address 9430 MONTEGO BAY DRIVE 9430 MONTEGO BAY DRIVE MIAMI FL 33189 MIAMI FL 33189 00017398 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0850699 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DINGLEY, DAVID Street Address (P.O. Box Number is Not Acceptable) 9430 MONTEGO BAY DR MIAMI. FL. 33189 والمنطور المهاري والمراب المساور والمراب المالية Zip Code for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits th David Dingley SIGNATURE and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition DINGLEY, DAVID NAME NAME STREET ADDRESS 9430 MONTEGO BAY DR STREET ADDRESS CITY-ST-7IP **MIAMI FL 33189** CITY-ST-ZIP Delete D TITLE ☐ Change Addition BRUCK, KELLI E NAME STREET ADDRESS 13526 SW 113 PLACE STREET ADDRESS MIAMI FL 33176 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition Dianne Wright 9430:Montego:Bry Drive Mismi FL 33189 NAME NAME STREET: ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ 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 David Dingky

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

OFFICER OR DIRECTOR