

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000083809**

1. Entity Name

ACMA ENTERPRISES, INC.**FILED**
Jul 19, 2001 8:00 am
Secretary of State

05-22-2001 90050 024 ***150.00

0008839

Principal Place of Business

Mailing Address

**4141 BAYSHORE BLVD. #904
TAMPA FL 33611****4141 BAYSHORE BLVD. #904
TAMPA FL 33611****76732**

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

59-3671516

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

**BUSCO, GISELA
4141 BAYSHORE BLVD. #904
TAMPA FL 33611**

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

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.
(See criteria on back) ☐**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 **D** ☐ Delete
NAME **CESAR BUSCO, ANTONIO**
STREET ADDRESS **4141 BAYSHORE BLVD. #904**
CITY-ST-ZIP **TAMPA FL 33611**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **LIA BAYON DE BUSCO, CELINA**
STREET ADDRESS **4141 BAYSHORE BLVD. #904**
CITY-ST-ZIP **TAMPA FL 33611**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **BUSCO, CELINA GISELA**
STREET ADDRESS **4141 BAYSHORE BLVD. #904**
CITY-ST-ZIP **TAMPA FL 33611**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☒ Delete
NAME **LIA BUSCO-BAYON, MARIA**
STREET ADDRESS **4141 BAYSHORE BLVD. #904**
CITY-ST-ZIP **TAMPA FL 33611**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

President**04/10/2001**

Date

Daytime Phone #

CR2E034 (10/00)

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT #** *P98000083809***1. Entity Name***ACMA ENTERPRISES, INC***Principal Place of Business****Mailing Address***4141 Bayshore Blvd # 904
Tampa, FL 33611***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*59-367151-6***Applied For**☐ **Not Applicable****5. Certificate of Status Desired**☐**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent*Busco Gisela
4141 Bayshore Blvd # 904
TAMPA, FL 33611***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**

Signature, typed or printed name of registered agent and fee 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.
(See criteria on back)**☐**10. Election Campaign Financing
Trust Fund Contribution.**☐**\$5.00 May Be
Added to Fees****11. OFFICERS AND DIRECTORS****TITLE****NAME****STREET ADDRESS****CITY-ST-ZIP***President
Busco Antonio Cesar
4141 Bayshore Blvd # 904
Tampa FL, 33611*☐ **Delete****TITLE****NAME****STREET ADDRESS****CITY-ST-ZIP***Vice President
Bayon de Busco CELINA
4141 Bayshore Blvd # 904*☐ **Delete****TITLE****NAME****STREET ADDRESS****CITY-ST-ZIP***Busco CELINA
4141 Bayshore Blvd # 904
Vice President*☐ **Delete****TITLE****NAME****STREET ADDRESS****CITY-ST-ZIP***Busco Bayon MARIA
4141 Bayshore Blvd # 904
Vice President*☐ **Delete****TITLE****NAME****STREET ADDRESS****CITY-ST-ZIP**☐ **Delete****TITLE****NAME****STREET ADDRESS****CITY-ST-ZIP**☐ **Delete****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE****NAME****STREET ADDRESS****CITY-ST-ZIP**☐ **Change**☐ **Addition****TITLE****NAME****STREET ADDRESS****CITY-ST-ZIP**☐ **Change**☐ **Addition****TITLE****NAME****STREET ADDRESS****CITY-ST-ZIP**☐ **Change**☐ **Addition****TITLE****NAME****STREET ADDRESS****CITY-ST-ZIP**☐ **Change**☐ **Addition****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)(f), 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:***Gisela Busco 04/10/2001*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Attachment
Doc# 76732*

CR2E034 (11/00)

Attachment
Doc # P98000083809
76732



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

June 4, 2001

ACMA ENTERPRISES, INC.
4141 BAYSHORE BLVD. #904
TAMPA, FL 33611

Subject: ACMA ENTERPRISES, INC.

Reference Number: P98000083809

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Provide the title(s) of each officer/director listed on the report or on an attachment.

The person that signed the annual report/uniform business report is not listed as a current officer/director of the corporation. The person signing must be listed as a current officer/director on the report or on an attachment.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/pr
ANNUAL REPORTS SECTION

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314