

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000102293**

1. Entity Name

ACE CHARTER MANAGEMENT, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90030 023 ***150.00

720178

DO NOT WRITE IN THIS SPACE

Principal Place of Business
801 N. VENETIAN DRIVE #1201
MIAMI BEACH, FL 33139

Mailing Address
801 N. VENETIAN DRIVE #1201
MIAMI BEACH, FL 33139

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number
59-1868105

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PHILLIP L. GLICKMAN
605 IUES DAIRY ROAD 6103
NORTH MIAMI BEACH, FLORIDA 33179

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 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, 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

TITLE **PO** ☐ Delete
NAME **TURK, ALLISON**
STREET ADDRESS **801 N. VENETIAN DRIVE #1201**
CITY-ST-ZIP **MIAMI BEACH, FL 33139**

TITLE **D** ☐ Delete
NAME **TURK, FREDDIE J.**
STREET ADDRESS **801 N. VENETIAN DRIVE #1201**
CITY-ST-ZIP **MIAMI BEACH, FL 33139**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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 SIGNING OFFICER OR DIRECTOR

4/18/2000
Date

Daytime Phone #

(305) 672-6453

CR2E034 (9/99)