

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000001083

1. Entity Name
ACROPOLIS MANAGEMENT, INC.

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90026 038 ***150.00

Principal Place of Business
**2056 NORTHWEST 23RD AVENUE
MIAMI FL 33142**

Mailing Address
**2056 NORTHWEST 23RD AVENUE
MIAMI FL 33142**

CUU43713



2. Principal Place of Business

3. Mailing Address

4000 TOWERSIDE TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1605

City & State

City & State

MIAMI FL 33138

DO NOT WRITE IN THIS SPACE

Zip

Country

Zip

Country

33138

4. FEI Number **65-0885003**

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

**BITTAN, MAX
2056 NW 23RD AVE
MIAMI FL 33142**

Name

MAX BITTAN

Street Address (P.O. Box Number is Not Acceptable)

4000 TOWERSIDE TERRACE

Suite 1605

City

MIAMI

FL

Zip Code

33138

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PD BITTAN, MAX 2056 NORTHWEST 23RD AVENUE MIAMI FL 33142	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4000 TOWERSIDE TERRACE Suite 1605 MIAMI, FL 33138	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PD

Date

Daytime Phone #

4/3/2001

CR2E034 (10/00)

0176436