

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90824 011 ***150.00

0027429 AV

DOCUMENT # P99000002730

1. Entity Name
ACE SEPTIC SERVICE, INC.



Principal Place of Business

5065 SW 8TH STREET
MIAMI FL 33134

Mailing Address

5065 SW 8TH STREET
MIAMI FL 33134

2. Principal Place of Business

12561 S.W. 119 CT
Suite, Apt. #, etc.

3. Mailing Address

12561 S.W. 119 CT
Suite, Apt. #, etc.

City & State

Miami FLORIDA

City & State

Miami FLORIDA

4. FEI Number

65-0886725

Applied For

Not Applicable

Zip

33186

Country

U.S.A.

Zip

33186

Country

U.S.A.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CASANOVA, FRANCISCO J
5665 S.W. 8 STREET
MIAMI-FL-33134

7. Name and Address of New Registered Agent

Name FRANCISCO J. CASANOVA
Street Address (P.O. Box Number is Not Acceptable)
12561 S.W. 119 CT.
City MIAMI FL Zip Code 33186

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] U.P.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/25/03

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

\$150.00

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	CASANOVA, CARLOS M	
STREET ADDRESS	5665 S.W. 8TH STREET	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CASANOVA, FRANCISCO J	
STREET ADDRESS	5665 S.W. 8TH STREET	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MILLAN, JORGE M.	
STREET ADDRESS	8949 N.W. 152 LN.	
CITY-ST-ZIP	MIAMI FL 33048	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	12561 S.W. 119 CT	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	12561 S.W. 119 CT	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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] U.P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/03 305-260-9955

Date

Daytime Phone #

CR2E034 (10/02)