## 2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P99000015750 Jan 20, 2000 8:00 am **Secretary of State** ACE TRADING & ARTS, INC. 01-20-2000 90137 041 \*\*\*150.00 Principal Place of Business Mailing Address P.O. BOX 613 2785 50TH W. AVE. **BRADENTON FL 34206-0613** BRADENTON FL 34207 Principal Place of Business 3. Mailing Address 613 ʹ、Ο, Bο*স* Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For Not Applicable Country U.S.A Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name 701 CHANG, TONY Street Address (P.O. Box Number is Not Acceptable 2785 50TH W. AVE. **BRADENTON FL 34207** 280 Brack Sittle 12 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 (NOTE: Registered Agent signature required when reinstating) DATE title if applicable 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS PSTD Change ☐ Addition PSTO TITLE ☐ Delete TITLE CHANG, TONY NAME NAME CHANGI, TONY #2801 2785 50TH W. AVE. STREET ADDRESS STREET ADDRESS 5100 BURCHETTE RD CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34207** ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME 9) 4 (\*) STREET ADDRESS STREET ADDRESS CITY-ST-ZIP . 1 CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ຍ ເຂື່ອສະ ເພື່ອ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(1). 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: