1082

Daytime Phone #

Date

2000 UNIFORM BUSI	NESS REPOI	KI (ORK)	<u>'</u>	10.0
DOCUMENT # P99000090332				
1. Entity Name			FILED	
acer Enlerprises, UNC			OLJANII PM 2:57	
Principal Place of Business	Mailing Address		SECRETARY OF STATE FALLAHASSEE, FLORIDA	
2. Principal Place of Business	3. Mailing Address			
18120 S.W. 703 AVETTE	Suite, Apt. #, etc.	J. 103 AVE	DO NOT WRITE IN THIS S	PACE
City & State Miami FL	City & State	FZ	4. FEI Number 65-095 - 43/2	Applied For Not Applicable
33/57 Country	. Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current F	legistered Agent	Name	7. Name and Address of New Registered A	gent
		5	ma Device	
		Street Address	(P.O. Box Number is Not Acceptable)	
		18120 City	5. W. 103 AVE	Zip Code
		\sim	<u> </u>	_
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 a	nd title if applicable. (NOTE:	Registered Agent signature requin	ed when reinstating) DATE	0]
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	After SEPTEMBER 13	FEE IS \$550.00 , 2000 Min. will be \$7: e to Department of St	Tust fully Continuation.	\$5.00 May Be Added to Fees
11. OFFICERS AND I		12.	ADDITIONS/CHANGES TO OFFICERS AND	
NAME STREET ADDRESS 1812 5. W. 103 AVE CITY-ST-ZIP	•	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000003576 -01/26/01 ****150.00	100.00 Addition \$\int_{\infty}^{\infty} = \frac{1}{2} \text{Addition } \text{\tex{\tex
TITLE Secretary NAME Emma Source	☐ Delete	TITLE NAME		☐ Change ☐ Addition 👸
STREET ADDRESS 18176 S.W. 103 AV		STREET ADDRESS CITY-S1-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CHTY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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)(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: Company Description Descripti				

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

October 27, 2000

To Whom It May Concern:

This letter is to help clarify why my annual report has not been paid up until this point. Apparently there has been some sort of mix up in the mailing address. My companies mailing address is

18120 SW 103 Ave. Miami, FL 33157

I have not been receiving the Annual report forms in the mail. I am a landlord, and one of my tenants-lived-in-10295-SW-182nd-St...-While evicting them I saw this Annual Report information which was addressed to my company. I called the Division of Corporations, and they told me to write this letter explaining the situation.

Enclosed you will find a check in the amount of \$150.00. I hope this matter can be resolved.

Sincerely,

James Bouie

President