2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P99000102976** Apr 05, 2000 8:00 am Secretary of State 1. Entity Name A.C. INVESTMENT GROUP, INC. 04-05-2000 90055 048 ***150.00 Principal Place of Business Mailing Address 4425 SOUTHWEST 153RD AVENUE 4425 SOUTHWEST 153RD AVENUE MIRAMAR FL 33027 MIRAMAR FL 33027 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65093694B Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. 🔀 Change Addition TITLE Delete TITLE AVILA, ERNEST G NAME AVILA, ERNESTO H NAME STREET ADDRESS 4425 SOUTHWEST 153RD AVENUE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIRAMAR FL 33027 ☐ Change Addition ☐ Delete TITLE TITLE NAME CORZO, JOSE A NAME 4425 SOUTHWEST 153RD AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIRAMAR FL 33027 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME CORZO, ZAIDA NAME STREET ADDRESS 4425 SOUTHWEST 153RD AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIRAMAR FL 33027 ☐ Change ☐ Addition ☐ Delete TITLE NAME avila. Georgina p NAME STREET ADDRESS 4425 SOUTHWEST 153RD AVENUE STREET ADDRESS CITY-ST-ZIP MIRAMAR FL 33027 CITY-ST-ZIF Change Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITL F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 chapted or on an attachment with an address with all other like approprietd. changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OF PHINTED NAME OF SIGNING OFFICER OR DE

ZNESTO G. AVILA 3/30/00 305 SEZ-0769