

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90021 021 ***150.00

DOCUMENT # S66131

1. Entity Name
ACE COLLECTIONS, INC.

Principal Place of Business

2501 E. COMMERCIAL BLVD
#203
FT LAUDERDALE FL 33308
US

Mailing Address

2501 E. COMMERCIAL BLVD
#203
FT LAUDERDALE FL 33308
US

2. Principal Place of Business

1170 Hillsboro mile
Suite, Apt. #, etc.
#302

City & State
Hillsboro Bch, FL

Zip Country
33062 USA

3. Mailing Address

1170 Hillsboro mile
Suite, Apt. #, etc.
#302

City & State
Hillsboro Bch, FL

Zip Country
33062 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0330233

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

SCHNUR, STUART
2501 E. COMMERCIAL BLVD
#203
FT LAUDERDALE FL 33308

Name

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

1170 Hillsboro mile
#302

City FL Zip Code
Hillsboro Bch, FL 33062

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 PVD
NAME SCHNUR, STUART
STREET ADDRESS 2501 E. COMMERCIAL BLVD
CITY-ST-ZIP FT LAUDERDALE FL 33308 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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)(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

Date

Daytime Phone #

CR2E034 (10/00)