

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # S67154**1. Entity Name
ACARRI, CORP.Principal Place of Business
**6725 SW 21ST STREET
MIAMI FL 33155-1733**Mailing Address
**6725 S.W. 21ST.
MIAMI FL 33155**2. Principal Place of Business
3520 S.W. 60 CT.
Suite, Apt. #, etc.3. Mailing Address
3520 S.W. 60 CT.
Suite, Apt. #, etc.City & State
MIAMI, FL.
Zip
33155 Country
DADECity & State
MIAMI, FL.
Zip
33155 Country
U.S.A.4. FEI Number **65-0409087**Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****ACOSTA, MELBA
6725 SW 21ST STREET
MIAMI FL 33155-1733****7. Name and Address of New Registered Agent**

Name

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

City

FL

Zip Code

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**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
ACOSTA, ROBERTO
6725 S.W. 21ST ST.
MIAMI FL 33155** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VT
ACOSTA, MELBA
6725 S.W. 21ST ST.
MIAMI FL** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Melba Acosta MELBA ACOSTA 3/8/01 (305) 661-7680

Date

Daytime Phone #

**FILED
Mar 12, 2001 8:00 am
Secretary of State**

03-12-2001 90481 016 ***150.00

C0032985

DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)