

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S80036

1. Entity Name

A & C CAPITAL CO.

FILED
Feb 17, 2000 8:00 am
Secretary of State

02-17-2000 90076 029 ***150.00

Principal Place of Business

Mailing Address

1313 PONCE DE LEON BLVD
301
CORAL GABLES FL 33134
US

1313 PONCE DE LEON BLVD.
SUITE 301
CORAL GABLES FL 33134-3343

814014



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1900 N.W 95 AVE
Suite, Apt. #, etc.

1900 N.W 95 AVE
Suite, Apt. #, etc.

City & State
MIAMI FLA

City & State
MIAMI FLA

4. FEI Number 65-0313781

Applied For
Not Applicable

Zip
33172

Country
DADE

Zip
33172

Country
DADE

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

SANCHEZ-GALARRAGA, JORGE
1313 PONCE DE LEON BLVD.
SUITE 301
CORAL GABLES FL 33134-3343

Name ANDREW FERRERA
Street Address (P.O. Box Number is Not Acceptable)
1900 N.W 95 AVE
MIAMI FLA 33172
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 Andrew Ferrera ANDREW FERRERA PRESIDENT

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, 2000 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 D
NAME FERRERA, ANDREW S.
STREET ADDRESS 1313 PONCE DE LEON BLVD., SUITE 301
CITY-ST-ZIP CORAL GABLES FL ☐ Delete

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

TITLE D
NAME FERRERA, CARMEN
STREET ADDRESS 1313 PONCE DE LEON BLVD., SUITE 301
CITY-ST-ZIP CORAL GABLES FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP ☐ Delete

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 another like empowered.

SIGNATURE: Andrew Ferrera ANDREW FERRERA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/00-305-436-8207

CR2E034 (9/99)