

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90267 011 ***150.00

DOCUMENT # S80036

1. Entity Name

A & C CAPITAL CO.

Principal Place of Business

**1900 NW 95 AVE
MIAMI FL 33172
US**

Mailing Address

**1900 NW 95 AVE
MIAMI FL 33172
US**

2. Principal Place of Business

1900 N.W 95 AVE

3. Mailing Address

1900 N.W 95 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FLA

City & State

MIAMI FLA

Zip

33172

Country

USA

Zip

33172

Country

USA

4. FEI Number

65-0313781

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FERRERA, ANDREW
1900 NW 95 AVE
MIAMI FL 33172**

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

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. ☐

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **FERRERA ANDREW S** ☒ Change ☐ Addition
NAME
STREET ADDRESS **3301 N.W 15 ST**
CITY-ST-ZIP **MIAMI FLA 33125**

TITLE **FERRERA CARMEN** ☒ Change ☐ Addition
NAME
STREET ADDRESS **3301 N.W 15 ST**
CITY-ST-ZIP **MIAMI FLA. 33125**

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Andrew Ferrera
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 11/01
Date

Daytime Phone #

CR2E034 (10/00)