

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90044 016 ***150.00

DOCUMENT # V63551

1. Entity Name
ACE WINDOW CLEANING, INC.

| | |
|---|---|
| Principal Place of Business 4846 N. UNIVERSITY DR STE 145 LAUDERHILL FL 33351 | Mailing Address 4846 N. UNIVERSITY DR STE 145 LAUDERHILL FL 33351 |
|---|---|



DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--------------------------------|---------|---------------------|---------|--|--|--|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 65-0362807 | | Applied For <input type="checkbox"/> Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fees Required | | | |
| Zip | Country | Zip | Country | | | | |

| | | | | | | | |
|--|--|--|--|---|--|--|--|
| 6. Name and Address of Current Registered Agent ABROTSKY, MARC 11153 NW 38TH PL SUNRISE FL 33351 | | | | 7. Name and Address of New Registered Agent Name MARC ABROTSKY Street Address (P.O. Box Number is Not Acceptable) 9210 NW 31ST PL City SUNRISE FL Zip Code 33351 | | | |
|--|--|--|--|---|--|--|--|

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 _____ (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) <input checked="" type="checkbox"/> | 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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|--|---|--|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S ABROTSKY, MARC 11153 NW 38TH PLACE SUNRISE FL 33351 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ABROTSKY, MARC 11153 NW 38TH PL SUNRISE FL 33351 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: *Marc Abrotsky* **4-19-01 954 701-4178**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)