

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

03-28-2002 90357 049 \*\*\*158.75

DOCUMENT # **P01000038588**

1. Entity Name  
**ACE AUTOMOTIVE MACHINE SHOP, INC.**

Principal Place of Business <b>1905 NW 40TH COURT          POMPAN0 BEACH FL 33064</b>	Mailing Address <b>1905 NW 40TH COURT          POMPAN0 BEACH FL 33064</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>65-1091956</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>ALI, RAYMOND ALLY          5235 NORTH DIXIE HIGHWAY          BLDG. 235 SUITE A2          OAKLAND PARK FL 33334</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input checked="" type="checkbox"/> <small>(See criteria on back)</small>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input type="checkbox"/> Delete NAME <b>ALI, RAYMOND ALLY</b> STREET ADDRESS <b>5235 NORTH DIXIE HIGHWAY, BLDG. 235 STE A2</b> CITY-ST-ZIP <b>POMPAN0 BEACH FL 33064</b>		TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>Ali, Raymond Ally</b> STREET ADDRESS <b>5235 North Dixie Hwy suite A-2</b> CITY-ST-ZIP <b>OAKland Park, FL 33334</b>	
TITLE <input type="checkbox"/> Delete NAME <b>CAPONE, DIANN ROSE</b> STREET ADDRESS <b>5780 ROCK ISLAND ROAD, SUITE 348</b> CITY-ST-ZIP <b>TAMARAC FL 33319</b>		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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: **Diann Rose Capone, Director / Vice President** 3/14/2002 484-7221 (954)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)