## **FILED** Apr 07, 2003 8:00 am Secretary of State

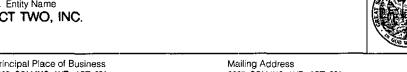
04-07-2003 90729 010 \*\*\*150.00

## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

P0000070644

DOCUMENT #

1. Entity Name ACT TWO, INC.



Principal Place of Business 2625 COLLINS AVE. APT 201 MIAMI BEACH FL 33140		Mailing Address 2625 COLLINS AVE. APT 201 MIAMI BEACH FL 33140				
2. Principal Place of Business		3. Mailing Address				
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 65-1026481	Applied For Not Applicable	
Zip	Country	Zip	Country  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		
			Name	Name		
BEHARRY, RANDOLPH 2625 COLLINS AVE, APT 201		er et	Street Addres	is (P.O. Box Number is Not Acceptable)	O. Box Number is Not Acceptable)	
MIAMI BEACH FL 33140						
A second			City	F	Zip Code	
	e named entity submits this statement tions of registered agent.	for the purpose of changing its	registered office or regis	stered agent, or both, in the State of Florida. I an	n familiar with, and accept	
SIĞNATURE						
, f	Signature, typed or printed name of registered age	nt and title if applicable. (NOT	E: Registered Agent signature requ	ired when reinstating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Fibrida Department of State				<ol> <li>Election Campaign Financing Trust Fund Contribution.</li> </ol>	\$5.00 May Be Added to Fees	
10.	OFFICERS AN	D DIRECTORS	11,	ADDITIONS/CHANGES TO OFFICERS AN	JD DIRECTORS IN 11	
TITLE	P. CELIENDY DANDOLDU	DELLA CONTROL	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	BEHENRY RANDOLPH 2625 COLLINS AVE #201 MIAMI BEACH FL 33140	BEHARRY B	NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME		☐ Delete	TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
TITLE NAME		☐ Delete	TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP-		المنافعة الم	STREET ADDRESS	ية مريسة		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME		☐ Delete	TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP