

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90022 029 ***158.75

DOCUMENT # F74096

1. Entity Name
ACTION INTERNATIONAL, INC.

Principal Place of Business
**2600 N.W. 75TH AVE.
 SUITE 200
 MIAMI FL 33122
 US**

Mailing Address
**P.O. BOX 523889
 MIAMI FL 33152-3889
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
3409 B NW 72ND AVENUE

Suite, Apt. #, etc.

City & State
MIAMI FL

City & State

Zip
33122

Country
USA

Zip

Country

4. FEI Number
59-2194062

Applied For
 Not Applicable

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

**LEBOLD, JOHN E
 2600 NW 75TH AVE.
 MIAMI FL 33131**

Name

Street Address (P.O. Box Number is Not Acceptable)

3409 B NW 72ND AVENUE

City
MIAMI

FL

Zip Code
33122

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 *[Signature]*
 Signature, typed or printed name of registered agent and title if applicable.

JOHN E. LEBOLD
 (NOTE: Registered Agent signature required when reinstating)

1/4/2000
 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
PD ☐ Delete
 NAME
LEBOLD, JOHN E
 STREET ADDRESS
2600 NW 75TH AVE. STE. 200
 CITY-ST-ZIP
MIAMI FL 33122

TITLE
3409 B NW 72ND AVENUE ☒ Change ☐ Addition
 NAME
MIAMI FL 33122

TITLE
VSD ☐ Delete
 NAME
HART, CLYDE
 STREET ADDRESS
17850 NW 84TH COURT
 CITY-ST-ZIP
HIALEAH FL

TITLE
CSD ☒ Change ☐ Addition
 NAME
116 STROMBOLI
 STREET ADDRESS
ISLAMORADA, FL

TITLE
☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
V ☐ Change ☒ Addition
 NAME
ELIZABETH TAMAYO
 STREET ADDRESS
2910 SW 174 WAY
 CITY-ST-ZIP
MIRAMAR FL 33029

TITLE
☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
V ☐ Change ☒ Addition
 NAME
JEANNE PORTER-MILLER
 STREET ADDRESS
8440 TRADEPORT DR.
 CITY-ST-ZIP
ORLANDO FL

TITLE
☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
V ☐ Change ☒ Addition
 NAME
GARY MILLER
 STREET ADDRESS
8440 TRADEPORT DR
 CITY-ST-ZIP
ORLANDO, FL

TITLE
☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
V ☐ Change ☒ Addition
 NAME
GRETCHEN GARRIN
 STREET ADDRESS
3409 B NW 72 AVENUE
 CITY-ST-ZIP
MIAMI FL 33122

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: *[Signature]* *JOHN E. LEBOLD* *2/1/2000* *305-513-9755*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #