

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90023 012 ***158.75

DOCUMENT # F74096

1. Entity Name

ACTION INTERNATIONAL, INC.

Principal Place of Business

**3409 B NW 72ND AVE
MIAMI FL 33122
US**

Mailing Address

**P.O. BOX 523889
MIAMI FL 33152
US**

2. Principal Place of Business

8933 NW 23rd Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

4. FEI Number

59-2194062

Applied For

Not Applicable

Zip

Country

33172**USA**

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**LEBOLD, JOHN E
3409 B NW 72ND AVE
MIAMI FL 33122**

7. Name and Address of New Registered Agent

Name
Lebold, John E.Street Address (P.O. Box Number is Not Acceptable)
8933 NW 23rd StreetCity
Miami **FL** Zip Code
33172

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, 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.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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	PD	<input type="checkbox"/> Delete
NAME	LEBOLD, JOHN E	
STREET ADDRESS	3409 B NW 72ND AVE	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	HART, CLYDE	
STREET ADDRESS	116 STROMBOLI	
CITY-ST-ZIP	ISLAMORDA FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	TAMAYO, ELIZABETH	
STREET ADDRESS	2910 SW 174 WAY	
CITY-ST-ZIP	MIRAMAR FL 33029	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	PORTER MILLER, JEANNE	
STREET ADDRESS	8440 TRADEPORT DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MILLER, GARY	
STREET ADDRESS	8440 TRADEPORT DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	GARREN, GRETCHEN	
STREET ADDRESS	3409 B NW 72ND AVE	
CITY-ST-ZIP	MIAMI FL 33122	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	8933 NW 23rd Street
CITY-ST-ZIP	Miami, FL 33172
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	8933 NW 23rd Street
CITY-ST-ZIP	Miami, FL 33172
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	8933 NW 23rd Street
CITY-ST-ZIP	Miami, FL 33172

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:

John E. Lebold
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/2002

305-513-9755

Date

Daytime Phone #

CR2E034 (9/01)