FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

08-29-2002 90003 042 ****61.25

FILED
F74096
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 AUG 29 PM 4:01

DOCUMENT # F74096

1. Entity Name

ACTION INTERNATIONAL, INC. Amended

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8933 NW 23rd Street	PO Box 523889
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State: Miami, FL
Zip: 33172 Country: US	Zip: 33152 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-2194062 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: John E. Lebold

Street Address (P.O. Box Number is Not Acceptable): 8933 NW 23rd Street

City: 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 _____ 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. (See criteria on back) ☐

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 NAME: Lebold, John E. STREET ADDRESS: 8933 NW 23rd Street CITY-ST-ZIP: Miami, FL 33172	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: VSD NAME: Hart, Clyde L. STREET ADDRESS: 116 Stromboli CITY-ST-ZIP: Islamorada, FL 33036	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: V NAME: Zaldivar, Elizabeth STREET ADDRESS: 19345 SW 25th Court CITY-ST-ZIP: Miramar, FL 33029	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: V NAME: Garren, Gretchen STREET ADDRESS: 8933 NW 23rd Street CITY-ST-ZIP: Miami, FL 33172	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
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DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: John E. Lebold 8/15/2002 (305)513-9755

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

9/4/02 aw