

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000097

1. Entity Name

A.C.T. FOR HOWARD DRIVE, INC.

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90105 047 ****61.25

Principal Place of Business

Mailing Address

7750 S.W. 136 STREET
MIAMI FL 33156

7750 S.W. 136 STREET
MIAMI FL 33156

00023258



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0627544

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

STEINMAN, JAY A.
100 SE 2ND STREET
~~ONE INTERNATIONAL PLAGE, SUITE 4000~~
MIAMI FL 33131

% Carlton Fields

Name

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

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME PD
STREET ADDRESS BLYDEN, GAIL
CITY-ST-ZIP 13221 SW 72 AVE
MIAMI FL 33156 ☐ Delete

TITLE
NAME PD
STREET ADDRESS GREENBERG, LISA
CITY-ST-ZIP 6905 SW 142 TERR
MIAMI FL 33158 ☒ Delete

TITLE
NAME VD
STREET ADDRESS OVELMAN, NANCY
CITY-ST-ZIP 6901 SW 134 ST
MIAMI FL 33156 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME *Elyse Larkin*
STREET ADDRESS *7901 SW 143 ST*
CITY-ST-ZIP *MIAMI FL 33158* ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME *Anne Orsillo*
STREET ADDRESS *7800 SW 139 Terrace*
CITY-ST-ZIP *MIAMI FL 33158* ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 617, 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.

SIGNATURE: SIGNATURE REQUIRED *Elyse Larkin* 1/15/01 305-377-4228

CR2E037 (9/01)