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DOCUMENT # P00000010145  1. Entity Name							AND THE	' )	' '()	<i>∞</i>	
ACT REAL ENTERPRISES, INC.					J.	JUN -5 A	111:5				
Principal Place of Business  1255 SW 101 Terr #110 1255 SW 101 Terr #110 Pembroke Pines FL 33025 Pembroke Pines FL 33025					.10	Ş	CRETARY OF LAHASSEE. (	स्थाता म्यास			
			12					Carrier in Cital II	441	an1 =	:8
•	Place of Busin		3. Mailing Address		<b>-</b>		•	900000 %-	/14/01	-01011-	-016
1571 NW 93rd Avenue         1571 NW 93rd A           Suite, Apt. #, etc.         Suite, Apt. #, etc.			avenu	ıe		DO NOTW	HILE WILL	SPACE***	150.00		
Civa State Miami Florida		City & State Miami Florida Zip Country			4. FEI Numi	65 <b>-</b> 097	7719	N	pplied For ot Applicable		
Zip 33172	2	Country Dade	Zlp 33172	Da	ide		5. Certificat	e of Status Desired	<b>:</b> 🗆	\$8.75 Ad Fee Require	
	6. Name	and Address of Current F					7. Name an	d Address of Nev	v Registered		
	,				Name	ANDY	CEVA	LLOS			
ANDY CEVALLOS 1255 SW 101 Terr #110					Street Address (P.O. Box Number is Not Acceptable)						
Pembi	roke P	ines, Fl 330	25		1571 NW 93rd Avenue						
			City	Miami FL Zin Code 33172							
SIGNATURE	L	submits this statement for	the purpose of changing its indicate the purpose of changing its indicate the purpose of changing its indicate of the purpose of th				d agent, or bu	oth, in the State of	Florida. Ou/3- DATE	1/3)	
Tax filing r	_	ible to satisfy its Intangible and elects to do so.  OFFICERS AND D	After MAY 1, 200 Make Check Payabl	1 Fee	will be \$5	550.00	Tr	lection Campaign rust Fund Contribu	tion. [	Addec	May Be
me PD	PD	OFFICERS AND L	Delete	12. 111.1			ADDITIONS	/CHANGES TO C	FFICENS AN	☐ Change	Addition
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3. 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 of 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR											

Pg 2002

May 30th, 2001

Department of State Tallahassee, FL

To Whom It May Concern:

I, Andy Cevallos, President of Act Real Enterprises, hereby want to inform you as to the reason why I did not make my required annual report corporate fee payment on time. We did not receive the Uniform Business Report form, document # P00000010145 which need to be filled out to be sent with the payment and consequently, we completely forgot. We were recently reminded due to the assignment of two directors to the company.

Enclosed please find the \$150.00 fee which is due. I apologize for any inconvenience this may have caused.

If you have any questions or need any further information, please feel free to contact me at (305) 513-0202.

Sincerely,

Andy Cevallos.