

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91539 043 \*\*\*150.00

**DOCUMENT # P01000038711**

**1. Entity Name**  
**ACT-TELEPHONE INC.**

**Principal Place of Business**  
**52-67 NORTH DIXIE HWY STE C-2**  
**FT LAUDERDALE FL 33334**

**Mailing Address**  
**52-67 NORTH DIXIE HWY STE C-2**  
**FT LAUDERDALE FL 33334**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**52-09 North Dixie Hwy**  
**Suite, Apt. #, etc.**  
**B-1**

**3. Mailing Address**

**52-09 North Dixie Hwy**  
**Suite, Apt. #, etc.**  
**B-1**

**City & State**  
**FT. Lauderdale Fla**

**City & State**  
**FT. Lauderdale Fla**

**Zip**  
**33334**

**Country**  
**Broward**

**Zip**  
**33334**

**Country**  
**Broward**

**4. FEI Number**

**Applied For**  
☒ **Not Applicable**

**5. Certificate of Status Desired**

☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**APONTE, CHARLIE**  
**52-67 NORTH DIXIE HWY STE C-2**  
**FT LAUDERDALE FL 33334**

**7. Name and Address of New Registered Agent**

**Name**  
**Carlos Aponte**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**52-09 N. Dixie Hwy STE B1**  
**FT**  
**City** **FT. Lauderdale** **FL** **Zip Code** **33334**

**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**

*CA*

*01/08/02*

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**

<b>TITLE</b>	<b>D</b>	<input checked="" type="checkbox"/> <b>Delete</b>
<b>NAME</b>	<b>APONTE, CARLOS</b>	
<b>STREET ADDRESS</b>	<b>52-67 NORTH DIXIE HWY STE C-2</b>	
<b>CITY-ST-ZIP</b>	<b>FT LAUDERDALE FL 33334</b>	
<b>TITLE</b>		<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>OFFICER CEO</b>	<input checked="" type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>	<b>APONTE, DUANE</b>	
<b>STREET ADDRESS</b>	<b>52-09 N. DIXIE HWY STE B1</b>	
<b>CITY-ST-ZIP</b>	<b>FT. Lauderdale, FL 33334</b>	
<b>TITLE</b>	<b>DIRECTOR CEO</b>	<input checked="" type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>	<b>APONTE DUANE</b>	
<b>STREET ADDRESS</b>	<b>52-09 N. DIXIE HWY STE B1</b>	
<b>CITY-ST-ZIP</b>	<b>FT. Lauderdale, FL 33334</b>	
<b>TITLE</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*01/08/02*

DATE

*954-444-0447*

Daytime Phone #

CR2E034 (9/01)