

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 91012 018 \*\*\*150.00

**DOCUMENT # P01000038711**

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



Principal Place of Business  
**52-09 NORTH DIXIE HWY STE  
B1  
FT LAUDERDALE FL 33334**

Mailing Address  
**52-09 NORTH DIXIE HWY STE  
B1  
FT LAUDERDALE FL 33334**



2. Principal Place of Business  
**5733 MarGate Blvd**

3. Mailing Address  
**52 09 N. Dixie Hwy**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**B1**

City & State  
**MarGate, FL**

City & State  
**FT. Lauderdale, FL**

4. FEI Number **NOT APPLICABLE**

☒ Applied For  
☐ Not Applicable

Zip  
**33063**

Country  
**USA**

Zip  
**33334**

Country  
**USA**

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

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

**APONTE, CARLOS  
52-09 NORTH DIXIE HWY STE  
B1  
FT LAUDERDALE FL 33334**

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

Name **~~Rosemary, Perez~~ APonte, Carlos**  
Street Address (P.O. Box Number is Not Acceptable)  
**52 09 North Dixie Hwy STE B1**  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**03/20/03**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE **OCEO** ☐ Delete  
NAME **APONTE, DUANE**  
STREET ADDRESS **50-09 N. DIXIE HWY STE B1**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33334**

TITLE **OCEO** ☒ Delete  
NAME **APONTE, DUANE**  
STREET ADDRESS **52-67 NORTH DIXIE HWY STE C-2**  
CITY-ST-ZIP **FT LAUDERDALE FL 33334**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE **OCEO** ☒ Change ☐ Addition  
NAME **APONTE, Duane**  
STREET ADDRESS **52-09 N. DIXIE HWY STE B1**  
CITY-ST-ZIP **FT. Lauderdale, FL 33334**

TITLE **OCEO** ☐ Change ☒ Addition  
NAME **PEREZ Rose Mary**  
STREET ADDRESS **52 09 NORTH DIXIE HWY STE B1**  
CITY-ST-ZIP **FT. Lauderdale, FL 33334**

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

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

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

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

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 607, 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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03/21/03 954-564-9770**  
Date Daytime Phone #

CR2E034 (10/02)