

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # **PO1000064034**

1. Entity Name

Action International USA, Inc.



06 NOV 29 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3854 North University Dr

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Sunrise FL

City & State

Zip

33351

Country

Zip

Country

4. FRI Number

20-5923935

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Lina Velarde

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

7901 South Colony Circle #210

City

Tamarac

FL

Zip Code

33321

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

Lina Velarde

Signature, typed or printed name of registered agent and this if applicable

(NOTE: Registered Agent signature required when withdrawing)

DATE

600082370386

12/07/06--01053--011 **\$600.00

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**Atte.
Lina Velarde
7901 South Colony Circle #210
Tamarac, FL 33321**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

K. Eckel NOV 29 2006

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Lina Velarde

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Delayed Filing Fee

2/2

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of \$600.00 for the annual report fee with my application.

We did not receive the U.B.R. for the years 2003 and 2006 or any other notice from the Division of Corporations in respect with the Corporation **ACTION INTERNATIONAL USA, INC.**

Thank you for your courtesy in this matter.

Linda Uelapade