

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000070988

1. Entity Name

ACTION SERVICE GROUP II, INC.

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90244 037 ***150.00

20034362

Principal Place of Business Mailing Address
1146 NE 48TH ST **1146 NE 48TH ST**
POMPANO BEACH, FL 33064 **POMPANO BEACH, FL 33064**

2. Principal Place of Business 3. Mailing Address
1200 NE 48TH ST **211 FREEDOM CT**
Suite Apt. #, etc. Suite. Apt. #, etc.
SUITE 5
City & State City & State
POMPANO BEACH, FL **DEERFIELD BEACH, FL**
Zip Country Zip Country
33064 **33442**

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
65-1141784 Not Applicable

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

6. Name and Address of Current Registered Agent
TAX HOUSE CORPORATION
3929 N FEDERAL HIGHWAY
POMPANO BEACH, FL 33064

7. Name and Address of New Registered Agent
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

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, 2003 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			12. ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BARBOSA, ADRIANO X.		NAME		
STREET ADDRESS	211 FREEDOM CT		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH, FL		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DEL CIAMPO, DANIELA G.		NAME		
STREET ADDRESS	211 FREEDOM CT		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH, FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(1), 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 N 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

04/21/03 954-421-7007
Date Daytime Phone #