

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90652 007 ***150.00

DOCUMENT # P01000102113

1. Entity Name

ACT PROGRAM CORP.

Principal Place of Business

**3201 W. GRIFFIN ROAD SUITE 205
 DANIA BEACH FL 33312**

Mailing Address

**3201 W. GRIFFIN ROAD SUITE 205
 DANIA BEACH FL 33312**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

03-0427531

4. FEI Number

Applied for

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALZATI, MICHAEL

**3201 W. GRIFFIN ROAD SUITE 205
 DANIA BEACH FL 33312**

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

M. Ke Alzat

M. Ke Alzat

April 1, 2002

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **NIES, SHAWN**
 CITY-ST-ZIP **3201 W. GRIFFIN ROAD SUITE 205
 DANIA BEACH FL 33312**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **ALZATI, MICHAEL**
 CITY-ST-ZIP **1711 NW 81 AVE.
 PEMBROKE PINES FL 33024**

TITLE ☒ Change ☐ Addition
 NAME **ALZATI, MIKE**
 STREET ADDRESS **3201 GRIFFIN RD SUITE 205**
 CITY-ST-ZIP **DANIA BEACH FL 33312**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 1 2002 9543228883

Date

Daytime Phone #

CR2E034 (9/01)

3201 Griffin Rd., Suite 205
Dania Beach FL 33312
954-322-8817

Attachment
Dr. # P01000102113

ACT Program
Corporation

788894

Fax

To: Whom it may concern

From: Michael S. Alzati

Fax: 631-447-8960

Pages: x 2

Phone: 954-322-8883

Date: 4/15/2002

Re: FEI Number

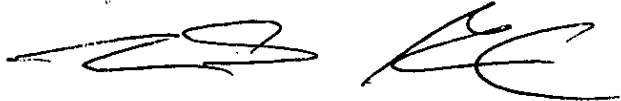
CC:

☒ For Review

☒ Please Reply

● **Comments:** Please review the following application for our FEI number. If you have any questions please call Michael S. Alzati or Shawn Nies at 954-322-8883. We would also like to receive our number via fax, please send to 954-322-8817

Thanks for your assistance



Michael S. Alzati

Form **SS-4**(Rev. December 2001)
Department of the Treasury
Internal Revenue Service**Attachment JK # 201000102113**
Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested AC.T. Program Corp.	
2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name Michael S. Alzati
4a Mailing address (room, apt., suite no. and street, or P.O. box) 3201 Griffin Rd. Suite #205	5a Street address (if different) (Do not enter a P.O. box.)
4b City, state, and ZIP code Dania Beach, FL 33312	5b City, state, and ZIP code
6 County and state where principal business is located Broward County, FL	
7a Name of principal officer, general partner, grantor, owner, or trustor Shawn Nies	7b SSN, ITIN, or EIN 390-26-3150
8a Type of entity (check only one box)	
<input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation (enter form number to be filed) 201000102113 <input type="checkbox"/> Personal service corp. <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input type="checkbox"/> Other (specify) ▶ _____	
<input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (SSN) _____ <input type="checkbox"/> Trust (SSN of grantor) _____ <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) ▶ _____	
8b If a corporation, name the state or foreign country (if applicable) where incorporated FL	State FL Foreign country
9 Reason for applying (check only one box)	
<input checked="" type="checkbox"/> Started new business (specify type) ▶ Education <input type="checkbox"/> Hired employees (Check the box and see line 12.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ _____	
<input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____	
10 Date business started or acquired (month, day, year) 11/01	11 Closing month of accounting year January
12 First date wages or annuities were paid or will be paid (month, day, year): Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) 6/1/02	
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-"	
Agricultural <input type="checkbox"/> Household <input type="checkbox"/> Other <input checked="" type="checkbox"/> 3	
14 Check one box that best describes the principal activity of your business:	
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input checked="" type="checkbox"/> Other (specify) Education	
15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. Educate Business + Staff on proper techniques complying w/ state laws	
16a Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 16b and 16c.	
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ _____ Trade name ▶ _____	
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) _____ City and state where filed _____ Previous EIN _____	
Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.	
Third Party Designee	Designee's name
Designee	Designee's telephone number (include area code) ()
	Designee's fax number (include area code) ()
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.	
Name and title (type or print clearly) ▶ Michael S. Alzati	
Signature [Signature] Date ▶ 4/15/02	
Applicant's telephone number (include area code) (954) 322-8883	
Applicant's fax number (include area code) (954) 322-8883	

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 16055N

Form **SS-4** (Rev. 12-2001)