

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90117 029 ***158.75

DOCUMENT # P93000064820

1. Entity Name
ACTION BUSINESS SERVICES GROUP, INC.



Principal Place of Business
**2750 SW 87 AVENUE
STE 201
MIAMI FL 33165
US**

Mailing Address
**2750 SW 87 AVENUE
STE 201
MIAMI FL 33165
US**

90003322



2. Principal Place of Business

3. Mailing Address

8550 W Flagler St

8550 W Flagler St

Suite, Apt., etc.

Suite, Apt., etc.

Ste 109

Ste 109

City & State

City & State

Miami FL

Miami, FL

Zip

Country

Zip

Country

33144

33144

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0436462**

Applied For

Not Applicable

5. Certificate of Status Desired **7**

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAGOS, DOUGLAS H

14445 SW 167 TERRACE

MIAMI FL 33177

Name

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

8550 W Flagler street

Ste 109

City

Miami

FL

Zip Code

33144

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)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCTD
VANONI-LAGOS, ROSSANA
14445 SW 167 TERRACE
MIAMI FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**8550 W Flagler street
Ste 109
Miami, FL 33144** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

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 another like empowered.

SIGNATURE:

Rossana Vanoni

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/03

Date

305-223-9820

Daytime Phone #

CR2E034 (10/02)