

5/2:

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000089141

1. Entity Name

APPLIED COMMUNICATIONS TEAM, INC

FILED
Jun 25, 2001 8:00 am
Secretary of State

05-22-2001 90050 028 ***150.00

Principal Place of Business

Mailing Address

2300 PALM BEACH LAKES BLVD #100
 WEST PALM BEACH, FL 33409

2. Principal Place of Business

2300 PALM BEACH LAKES

3. Mailing Address

9969 DAISY AVE.

Suite, Apt. #, etc.

#100

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

WEST PALM BEACH, FL

City & State

PBG, FL

4. FEI Number

65-0551190

Applied For

Not Applicable

Zip

33409

Country

USA

Zip

33410

Country

USA

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

MARIA R. ARCE

5969 GOLDEN EAGLE CIR

PALM BEACH GARDENS, FL 33418

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, 2001 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 ROCIO PINCUS
 9969 DAISY AVE
 PALM BEACH GARDENS, FL 33410

☐ Delete

TITLE
 NAME
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 CITY-ST-ZIP
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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: Rocio Pincus

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROCIO PINCUS 4/28/01 (561) 627-3911

Date

Daytime Phone #

CR2E034 (11/00)