

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

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90134 034 ***150.00

DOCUMENT # **P9400089141**

1. Entity Name

APPLIED COMMUNICATIONS TEAM, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2300 PALM BEACH LAKES

3. Mailing Address

11550 BUCKHAVEN LN

Suite, Apt. #, etc.

SUITE 100

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

WPB, FLORIDA

City & State

WEST PALM BEACH, FL

4. FEI Number

Applied For

Not Applicable

Zip **33409**

Country **PB**

Zip **33412**

Country **PALM BEACH**

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name **Rocio Pinous R**

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

11550 Buckhaven Ln

City **West Palm Beach**

FL

Zip Code **33412**

**DO NOT WRITE
IN THIS SPACE**

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

Rocio Pinous Rocio Pin

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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	OWNER ROCIO PINOUS 11550 BUCKHAVEN LN WEST PALM BEACH, FL 33412	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Rocio Pinous PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/02 (561)627-3911

Date

Daytime Phone #

CR2E034B (12/01)