

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P96000013843**

1. Entity Name

**ACTION RESEARCH GROUP, INC.****FILED****Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90180 037 \*\*\*150.00

Principal Place of Business

**5722 SOUTH FLAMINGO ROAD, SUITE 295**  
**COOPER CITY FL 33330**

Mailing Address

**5722 SOUTH FLAMINGO ROAD, SUITE 295**  
**COOPER CITY FL 33330**

2. Principal Place of Business

**2263 W. NEW HAVEN AVE**

Suite, Apt. #, etc.

3. Mailing Address

**2263 W. NEW HAVEN AVE**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City &amp; State

**W. MELBOURNE FL**

City &amp; State

**W. MELBOURNE FL**

4. FEI Number

**65-0641288**

Applied For

Not Applicable

Zip

**32904**

Country

**USA**

Zip

**32904**

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****THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD**  
**343 ALMERIA AVENUE**  
**CORAL GABLES FL 33134**

Name

**Joseph DEPANTE**

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

**2263 W. NEW HAVEN AVE**

City

**W. MELBOURNE FL**

Zip Code

**32904**

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

**Joseph DEPANTE PRESIDENT**

DATE

**2/14/01**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	<b>PSTD DEPANTE, JOSEPH 5722 SOUTH FLAMINGO ROAD, SUITE 295 COOPER CITY FL 33330</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD DEPANTE JOSEPH 2263 W. NEW HAVEN AVE W. MELBOURNE FL 32904</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

**Joseph DEPANTE****2/14/01****321-728-3700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)