

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90320 032 ***150.00

DOCUMENT # P96000014635

1. Entity Name
ACTION DIRECT INC.

Principal Place of Business
14285 SW 142 STREET
MIAMI FL 33186

Mailing Address
14285 SW 142 STREET
MIAMI FL 33186

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0645061**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLORES, JOSE O

~~5340 SW 132 PLACE~~ **14285 SW 142 ST**
~~MIAMI FL 33175~~ **33186**

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, 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 FLORES, JOSE O**
 STREET ADDRESS ~~5340 SW 132 PLACE~~
 CITY-ST-ZIP **MIAMI FL 33175**

TITLE ☒ Change ☐ Addition
 NAME **FLORES, JOSE O.**
 STREET ADDRESS **12802 SW 47TH TER**
 CITY-ST-ZIP **MIAMI FL 33175**

TITLE ☐ Delete
 NAME **D FLORES, ELIEZER**
 STREET ADDRESS ~~5700 SW 137 AVENUE, SUITE 1310~~
 CITY-ST-ZIP **MIAMI FL 33183**

TITLE ☒ Change ☐ Addition
 NAME **FLORES, ELIEZER**
 STREET ADDRESS **14455 SW 174 TER**
 CITY-ST-ZIP **MIAMI FL 33177**

TITLE ☐ Delete
 NAME **D FLORES, OMAR**
 STREET ADDRESS ~~12002 SW 47 TERRACE~~
 CITY-ST-ZIP **MIAMI FL 33175**

TITLE ☒ Change ☐ Addition
 NAME **FLORES, OMAR**
 STREET ADDRESS **14285 SW 142 ST**
 CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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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 REQUIRED D. FLORES **4-12-02** **305-969-0056**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)