

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2001 8:00 am**  
**Secretary of State**

03-20-2001 90002 029 \*\*\*150.00

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**DOCUMENT # P96000073755**

1. Entity Name  
**PHACT PROJECTS, INC.**

Principal Place of Business 3606 SOUTHOCEAN BLVD #404 HIGHLAND BCH FL 33487	Mailing Address 3606 SOUTHOCEAN BLVD #404 HIGHLAND BCH FL 33487
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**934568**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>500 South Ocean Blvd,</i>	3. Mailing Address <i>500 South Ocean Blvd</i>
Suite, Apt. #, etc. <i>803</i>	Suite, Apt. #, etc. <i>803</i>

City & State <i>Boca Raton, FL</i>	City & State <i>Boca Raton, FL</i>	4. FEI Number <b>65-0691741</b>	Applied For <input type="checkbox"/>
Zip <i>33432</i>	Country <i>Palm Beach</i>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>STEINBERG, MICHAEL</b> 3606 S. OCEAN BLVD. #404 HIGHLAND BCH FL 33487	7. Name and Address of New Registered Agent Name <i>Michael Steinberg</i> Street Address (P.O. Box Number is Not Acceptable) <i>500 South Ocean Blvd, #803</i> City <i>Boca Raton</i> FL Zip <i>33432</i>
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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 *Michael Steinberg* *Michael Steinberg* DATE *3/12/2001*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)

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	<input type="checkbox"/> Delete <b>P</b> <b>STEINBERG, MICHAEL</b> <b>3606 S. OCEAN BLVD #404</b> <b>HIGHLAND BCH FL 33487</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>President</i> <i>Michael Steinberg</i> <i>500 South Ocean Blvd, #803</i> <i>Boca Raton, FL 33432</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: *Michael Steinberg* *Michael Steinberg* DATE *3/12/2001* DAYTIME PHONE # *561-394-5590*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)