

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91316 034 ***150.00

01/75430 AV

DOCUMENT # P98000011549

1. Entity Name
ACTION SERVICE GROUP, INC.

Principal Place of Business
4220 NE 11TH TERRACE
POMPANO BEACH FL 33064
US

Mailing Address
4220 NE 11TH TERRACE
POMPANO BEACH FL 33064
US

2. Principal Place of Business
809 FREEDOM CT

3. Mailing Address
Same as Princ.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
DREDFIELD BEACH

City & State

4. FEI Number **65-0813028**

Applied For
 Not Applicable

Zip **32442**

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

AQUILINO, JULIANA
3691 N FEDERAL HWY
POMPANO BEACH FL 33064

7. Name and Address of New Registered Agent

Name **TAX HOUSE CORP.**
 Street Address (P.O. Box Number is Not Acceptable)
3929 N FEDERAL HWY
 City **POMPANO BEACH** **FL** Zip Code **33064**

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]*
Signature of member or authorized agent of registered agent and title if applicable.

DIRECTOR

5/29/02
DATE

(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, 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

TITLE	PVD	<input type="checkbox"/> Delete
NAME	BARBOSA, FERNANDO DO C.	
STREET ADDRESS	% 4220 NE 11TH TERRACE	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	T	<input type="checkbox"/> Delete
NAME	BARBOSA, ADRIANO XAVIER	
STREET ADDRESS	4830 MARINERS WAY, #E	
CITY-ST-ZIP	COCONUT CREEK FL 33063	
TITLE	S	<input type="checkbox"/> Delete
NAME	DE CIAMPO BARBOSA, DANIELA GIANI	
STREET ADDRESS	830 MARINERS WAY, #E	
CITY-ST-ZIP	COCONUT CREEK FL 33063	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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] **SIGNATURE REGISTERED (954) 421 7007 01/29/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)