

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000012989 ✓

1. Entity Name

ACTION TEAM REALTY, INC.

FILED

00 MAR 14 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1160 WEST 68TH ST.
HIALEAH FL 33014

1160 WEST 68TH ST.
HIALEAH FL 33014-4410

2. Principal Place of Business

6175 NW 153rd St

3. Mailing Address

6175 NW 153rd St

Suite, Apt. #, etc.

100

Suite, Apt. #, etc.

100

City & State

Miami Lakes, FL

City & State

Miami Lakes, FL

4. FEI Number

65-0812936

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

Zip

33014

Country

USA

Zip

33014

Country

USA

6. Name and Address of Current Registered Agent

COUILLARD, BETTY J
1160 WEST 68TH ST.
HIALEAH FL 33014

7. Name and Address of New Registered Agent

Name

James Georges Mourra

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

6175 NW 153rd St #100

City

Miami Lakes

FL

Zip Code

33014

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.

Registered Agent: James G. Mourra

(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, 2000 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	P	COUILLARD, BETTY J	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		1160 W 68 STREET	
CITY-ST-ZIP		HIALEAH FL 33014	
TITLE	S	COUILLARD, YVETTE	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		1211 NW 96TH TERR	
CITY-ST-ZIP		PEMBROKE PINES FL 33024-	
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	P, S, T	JAMES GEORGES MOURRA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS		6175 NW 153rd St #100	
CITY-ST-ZIP		Miami Lakes, FL 33014	
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			

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****158.75 ****158.75

KE

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 another I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-2000 305-779-2888

Date

Daytime Phone #