

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 90723 023 \*\*\*150.00

**DOCUMENT # P98000019196**

1. Entity Name

**ACTION PRINTING, INC.**

Principal Place of Business: **5371 NW 79TH AVENUE MIAMI FL 33166**  
Mailing Address: **5371 NW 79TH AVENUE MIAMI FL 33166**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0820297**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**TAMAYO, MARLENE**  
**612 N.W. 134 AVE.**  
**MIAMI FL 33182**

7. Name and Address of New Registered Agent

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, name 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

TITLE ☐ Delete  
NAME **VD**  
STREET ADDRESS **TAMAYO, MARLENE**  
CITY-ST-ZIP **612 N.W. 134 AVE.**  
**MIAMI FL 33182**

TITLE ☐ Delete  
NAME **PD**  
STREET ADDRESS **TAMAYO, GUMERSHINDO**  
CITY-ST-ZIP **612 N.W. 134 AVE.**  
**MIAMI FL 33182**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

Attachment & Date

867228

P98000019196



5371 NW 79th Ave, Miami, FL 33166 • Ph: 305-592-4646 • Fax: 305-592-4647 • E-mail: action@shadow.net

May 8, 2002

FLORIDA DEPARTMENT OF STATE  
P.O. BOX 1500  
TALLAHASSEE, FL 32302

Dear Sr,

Enclosed is our Uniform Business Report form and payment.

The report is filled a few days late because I have been out of Miami area for a few weeks and have not been possible to send this form without my signature. Please accept our apologies.

Thank you for your help.

Sincerely yours

Gumersindo Tamayo  
President  
Action Printing, Inc.

A handwritten signature in black ink, appearing to be "Gumersindo Tamayo", written over the typed name.

WORTHINGTON, INC.  
PRESIDENT  
GUMERSINDO TAMAYO