

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2003 8:00 am**  
**Secretary of State**

03-06-2003 90137 015 \*\*\*150.00

**DOCUMENT # P98000039254**

1. Entity Name  
**ACTS 1,2,3, INC.**



Principal Place of Business  
**7220 N.W. 36 STREET  
SUITE 510  
MIAMI FL 33166**

Mailing Address  
**7220 N.W. 36 STREET  
SUITE 510  
MIAMI FL 33166**

2. Principal Place of Business

3. Mailing Address

**7220 NW 36 St. SUIT 510**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**\* 510**

City & State

City & State  
**MIAMI Florida**

Zip

Country

Zip  
**33166**

Country

**USA**

4. FEI Number **65-0835527**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GALLO, LUIS F  
1200 DANBURY AVE.  
DAVE FL 33325**

7. Name and Address of New Registered Agent

Name  
**BERNARDO MAUROVICH**

Street Address (P.O. Box Number is Not Acceptable)  
**7317 NW. 113 PLACE**

City  
**MIAMI**

FL

Zip Code  
**33178**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**AGENT**

**2-26-03**

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
GALLO, LUIS F  
7220 N.W. 36 STREET, SUITE 510  
MIAMI FL 33166** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRESIDENT  
BERNARDO MAUROVICH  
7317 NW. 113 PL.  
MIAMI, FL 33178** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**BERNARDO MAUROVICH PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-26-03**

**305-717-3499**

Date

Daytime Phone #

CR2E034 (10/02)