2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 21, 2000 8:00 am Secretary of State OCUMENT # **P98000058526** ACTION COORDINATORS, INC. 02-21-2000 90023 043 ***150.00 rincipal Place of Business Mailing Address 5320 SW 164TH TERRACE SW 164TH TERRACE LAUDERDALE FL 33331 FORT LAUDERDALE FL 33331-1306 714808 3. Mailing Address Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0847607 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PAIGO, THOMAS A Street Address (P.O. Box Number is Not Acceptable) 508 EAST 49TH STREET HIALEAH FL 33013 City Zip Code 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/99 ☐ Change Addition ☐ Delete HILL AMOR, JAY 5320 SW 164TH TERRACE STREET ADDRESS FORT LAUDERDALE FL 33331 CITY-ST-ZIP CITI: ST ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change Delete TITLE TITLE NAME

13. I hereby certify that the information supplied indicated on this report or supplemental report of the corporation or the receive or trust effections of the corporation of the receive or trust effect on an attachment with an adolescent or the corporation. qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information e and that my signature shall have the same legal effect as if made under oath; that I am an officer or director this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE NAME

Delete 1

954-6802244

☐ Change

Addition