

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90310 029 ***150.00

DOCUMENT # P98000066255

1. Entity Name

ACTION COMMUNICATIONS INTERNATIONAL, INC.

Principal Place of Business

SOUTH BROWARD ACCOUNTING SERVICE, INC.
3640 YACHT CLUB DR
AVENTURA FL 33180

Mailing Address

SOUTH BROWARD ACCOUNTING SERVICE, INC.
7777 N DAVIE RD EXT.. STE 102B
HOLLYWOOD FL 33024

2. Principal Place of Business

Action Communications Int.

3. Mailing Address

13899 Biscayne Blvd.

Suite, Apt. #, etc.

13899 Biscayne Blvd.

Suite, Apt. #, etc.

#130

City & State

N. Miami Bch.

City & State

N. Miami Bch.

4. FEI Number

65-0854250

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FIGUEREDO, CLAUDIA
3640 YACHT CLUB DR 1401
AVENTURA FL 33180

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, typed 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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D FIGUEREDO, CLAUDIA X 3640 YACHT CLUB DR #1401 AVENTURA FL 33180	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/01
 Date

(305)
341-3430
 Daytime Phone #

CR2E034 (10/00)