

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jun 19, 2000 08:00 AM**
Secretary of State**DOCUMENT # P99000031167****1. Entity Name**
ACT REAL, INC.**Principal Place of Business**

1255 SW 101 TERR, APT 110

PEMBROKE PINES
33025

FL

Mailing Address

1255 SW 101 TERR, APT 110

PEMBROKE PINES
33025

FL

2. Principal Place of Business

835 SW 173RD. AVE.

3. Mailing Address

835 SW 173RD. AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PEMBROKE PINES

FL

City & State
PEMBROKE PINES

FL

4. FEI Number**65-0912918****Applied For****Not Applicable****Zip**
33029**Country****Zip**
33029**Country****5. Certificate of Status Desired**☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent**CEVALLOS ANDY
1255 SW 101 TERR, APT 110PEMBROKE PINES
33025

FL

US

7. Name and Address of New Registered Agent**Name**

ZAMORA EVELYN P

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

835 SW 173RD. AVE.

City
PEMBROKE PINES**FL****Zip Code**
33029**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 EVELYN P. ZAMORA**

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

(NOTE: Registered Agent signature required when reinstating)

06/19/2000

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** VSD ☒ Delete
NAME ZAMORA EVELYN P
STREET ADDRESS 17445 N.W. 10TH ST.
CITY-ST-ZIP PEMBROKE PINES FL 33029**TITLE** PD ☐ Delete
NAME CEVALLOS ANDY
STREET ADDRESS 1255 S.W. 101 TERRACE
CITY-ST-ZIP PEMBROKE PINES FL 33025**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** PSD ☒ Change ☐ Addition
NAME ZAMORA EVELYN P
STREET ADDRESS 835 S.W. 173RD. AVE.
CITY-ST-ZIP PEMBROKE PINES FL 33029**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
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** Evelyn P. Zamora

PSD 06/19/2000