

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 799000035944

1. Entity Name

ACT SIGNS, INC.

Principal Place of Business

Mailing Address

1144 CEDAR FAUS DR
WESTON, FL 33327

2. Principal Place of Business

18508 NW, 67TH AVE

3. Mailing Address

1800 W, 49TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33015

Country

USA

Zip

33012

Country

USA

4. FEI Number

65-0912160

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HERNANDEZ, CAROLINA
1144 CEDAR FAUS DR
WESTON, FL 33327

7. Name and Address of New Registered Agent

Name: HERNANDEZ, CAROLINA
Street Address (P.O. Box Number is Not Acceptable): 2111 SW, 136TH AVE
City: DAVIE FL Zip Code: 33325

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 date if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

05/01/00

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	☐ Delete
NAME	HERNANDEZ, CAROLINA
STREET ADDRESS	1144 CEDAR FAUS DR
CITY-ST-ZIP	WESTON, FL 33327
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	2111 SW, 136TH AVE
CITY-ST-ZIP	DAVIE, FL 33325
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/01/00 (305) 648-8823

Date

Daytime Phone

CR2EN04 (9/99)

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