

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000057507**

1. Entity Name

ACT MANAGEMENT SERVICES, INC.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90128 049 ***150.00

Principal Place of Business

312 WESTWARD DR. #1

MIAMI SPRINGS, FL 33166

Mailing Address

312 WESTWARD DR. #1

MIAMI SPRINGS, FL 33166

A0062901

2. Principal Place of Business

11137 N.W. 72 TERR.

Suite, Apt. #, etc.

3. Mailing Address

11137 N.W. 72 TERR.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL

City & State

MIAMI, FL 33178

4. FEI Number

65-0941052

Applied For

Not Applicable

Zip

33178

Country

USA

Zip

33178

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARABALLO, MARIA

312 WESTWARD DR. #1

MIAMI SPRINGS, FL 33166

7. Name and Address of New Registered Agent

Name

EDUARDO GONZALEZ

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

8180 N.W. 36 ST.

SUITE 230

City

MIAMI

FL

Zip Code

33166

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] **EDUARDO S. GONZALEZ**

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

(NOTE: Registered Agent signature required when reinstating)

4-27-01

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

TITLE **P, D.** ☒ Delete
NAME **GOMES, MARCELO P.**
STREET ADDRESS **312 WESTWARD DR. #1**
CITY-ST-ZIP **MIAMI SPRINGS, FL 33166**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P, D, T, S.** ☐ Change ☒ Addition
NAME **DE SENA, VALETE M.**
STREET ADDRESS **11137 N.W. 72 TERR.**
CITY-ST-ZIP **MIAMI, FL 33178**

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

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

TITLE ☐ Change ☐ Addition
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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)(l), 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] **assistant to the President**

Signature and typed or printed name of signing officer or director

4-27-01

Date

(305) 477-7447

Daytime Phone #

CR2E034 (11/00)