**FILED** 

## " 2002 UNIFORM BUSINESS REPORT (UBR)

## May 08, 2002 8:00 am Secretary of State P01000001671 DOCUMENT # 1. Entity Name 05-08-2002 90161 017 \*\*\*150.00 ABLE ACCESS OF FLORIDA INC. Principal Place of Business Mailing Address 4699 N FEDERAL HWY STE 109E 4699 N FEDERAL HWY STE 109E POMPANO BEACH FL 33064 POMPANO BEACH FL 33064 2. Principal Place of Business 3. Mailing Address Same as above Same as above Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1065242 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Val L. Osinski, Esq. HINTZE, GERARDO Street Address (P.O. Box Number is Not Acceptable) 10860 NW 45 STREET 9836 West Sample Road CORAL SPRINGS FL 33065 Coral Springs Zip Code 33065 8. The above named entity submits this statement for the purpose of changing its registers ffice or registered agent, or both, in the State of Florida. L. Osinski, Esq. Signature, typed or printed name of registered agent and title if applicable nt signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **⊠** Delete TITLE TITLE ☐ Change ☐ Addition HINTZE. GERARDO NAME NAME 10860 NW 45 STREET STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL 33065 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F D, PST Change Addition CLARK, MICHAEL NAME NAME CLARK, MICHAEL 10860 NW 45 STREET STREET ADDRESS STREET ADDRESS 5051 Wiles Road CORAL SPRINGS FL 33065 CITY-ST-ZIP CITY-ST-ZIP Coconut Creek, Florida TITLE ☐ Defete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE [7] Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: